



An evaluation of Health and Wellness Outcomes of MO HealthNet Participants and MO HealthNet Provider network demographics

(as required by Section 208.950.5, RSMo [2008])

Final Report to the Missouri Department of Social Services, MO HealthNet Division

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A Note about the Final Report

This document represents the final report to the Missouri Department of Social Services, MO HealthNet Division as outlined in section 208.950.5, RSMo (2008). A preliminary report was submitted to the MO HealthNet Division on January 31, 2009. The participant and provider satisfaction survey process was still underway at the time of the preliminary report, but has now been completed. This final report includes updates to the participant and provider satisfaction section, reflecting the final results of the survey.

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Executive Summary

The MO HealthNet program was created in 2007 when the Missouri General Assembly passed Senate Bill 577. Included in this legislation is a requirement for evaluation of the program. This report is an evaluation of MO HealthNet that draws on claims data reflecting disease specific outcomes and provider demographics for the MO Health Net fee-for-service (FFS) population. This report also includes survey data that examine participant and provider satisfaction with the MO HealthNet program.

Administrative claims data were used for the analyses reported. Claims data provide important and useful, but incomplete information. They provide a rich and easily accessible source of information that reflects claims data on health care utilization and medical expenditure. The use of claims data, however, presents multiple challenges. Pharmacy claims data, for example, reveal only what prescriptions were actually filled by the patient, not those that were given to them, nor whether other sources for medication were utilized. We know that, for a variety of reasons, large numbers of patients do not fill prescriptions given to them by their health care providers. Variables such as preference, cost, inconvenience, lack of trust, and fear often influence patients' decision not to get prescriptions filled. Patients may also obtain medications by using provider-supplied samples or from one of many commercial pharmacies, like Wal-Mart, that offer low-cost prescriptions for a variety of common medications. The MO HealthNet pharmacy claims database will likely never document such transactions.

The absence of managed care data also skews the information provided in this study. MO HealthNet managed care participants are children and their parents, and most of them live in Kansas City, St. Louis, and the counties contiguous to the I-70 corridor. MO HealthNet managed care data would elucidate the full picture of regional variation in chronic disease prevalence and management in this population of Missourians and would aid further study of the program.

Keeping these challenges in mind and recognizing the limitations of using claims data, we found several meaningful trends in this study.

The Southeast region of the State stood out among all regions for the highest rates of achievement of recommended outcomes for congestive heart failure (CHF) and coronary artery disease (CAD). In 2007, the Southeast region had higher self-reported prevalence rates of coronary artery disease (7.2% vs. MO average of 4.2%), heart attack (6.7% vs. MO average of 4.5%), and hypertension (37.1% vs. MO average of 28.4%).¹ It is promising to see that MO HealthNet may be having a positive effect on health care quality and access to care for vulnerable populations in this region of the state, as areas with higher prevalence rates appear to be receiving higher levels of the recommended treatments among the FFS MO HealthNet population.

¹ 2007 Missouri Behavioral Risk Factor Surveillance System Data Report. Jefferson City, MO: Missouri Department of Health and Senior Services. Office of Epidemiology. June 2008.

Conversely, the highest self-reported prevalence of asthma in 2007 was reported in the Southwest (15.1%) and Northwest (14.9%); the statewide prevalence for asthma was 12.7%.² While treatment of well over two-thirds of MO HealthNet fee-for-service participants in the Kansas City and St. Louis regions met standards of care, barely one half of the individuals with asthma in the Southwest region received inhaled corticosteroids. This suggests that increased efforts in the Southwest region, such as targeting asthma management through provider training and health literacy programs, may be warranted in an effort to reduce the disparity in asthma prevalence in this region.

The metropolitan areas of St. Louis and Kansas City had the highest rates of achievement of outcome goals for asthma and diabetes. This may be due to multiple disease management programs that are operating throughout these urban regions.

Importantly, blacks in all areas of the state had equal or better outcomes than whites in clinical outcome measures for asthma, congestive heart failure, and diabetes. This finding is not consistent with numerous previous reports of poorer outcomes among blacks and other ethnic and racial minorities in Missouri and the nation. Whites generally had better outcomes in coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD) in this study.

Wide variations were found in recommended prescription use among participants with chronic diseases. These data may reflect prescribing patterns that are not in accordance with current evidence-based recommendations. They also may reflect variable rates of patient adherence with filling prescriptions.

Gender variation was seen throughout the outcomes study. Women and girls had higher rates of filling prescriptions recommended for asthma, congestive heart failure, and COPD. Women with diabetes received more preventive screening services than men across all four measures; however, statins were underutilized in women with coronary artery disease (CAD) compared to men. The gender variation in treatment with statins for CAD is reflective of similar findings in other studies that have shown under-diagnosis and treatment of coronary artery disease in women.

The low levels of urinary microalbumin screening in known diabetic patients in general, and in older diabetic patients in particular, is of major concern. The federal Medicare program has also identified this gap and has dedicated funding through their Quality Improvement Organizations (QIOs) to try and address it. In addition, the Missouri Primary Care Association (MPCA) together with the Missouri Department of Health and Senior Services is beginning a similar scope of work.

² 2007 Missouri Behavioral Risk Factor Surveillance System Data Report.

We also found low levels of dilated retinal examinations (DRE) reported for patients with diabetes in general and older patients in particular. Telehealth has been used in other states to provide these exams to patients in remote underserved areas and is worth considering in Missouri.

The compilation of provider network demographics, and a comparison between providers who are enrolled with MO HealthNet and those who are not, proved to be significantly hampered by the lack of meaningful data at a state-wide level for physicians practicing in Missouri. Information about MO HealthNet enrolled providers is generally reliable for providers who see participants and bill MO HealthNet on a regular basis. However, we believe that the number of MO HealthNet providers who regularly care for MO HealthNet participants is small compared to the number of providers in the state. More detailed and up-to-date information could be gathered as part of the licensing and renewal process by the Board of Healing Arts, resulting in a more complete data set to use for comparison purposes.

The participant and provider satisfaction survey portion of this project was completed in collaboration with the Saint Louis University School of Public Health and the Saint Louis University Center for Outcomes Research. A total of 90 participants were interviewed by phone, and 1201 participants completed and returned mailed satisfaction surveys. Participants responding to the survey were typically between the ages of 25 and 75 who rated their health "fair" or "good." They were generally satisfied with the health care they received; rating the care they received in the preceding six months an "8" or better on a 10-point scale. The majority of the participants surveyed reported they had one person they thought of as their personal physician or nurse.

A total of 396 physicians were interviewed or surveyed for the provider satisfaction survey. More than half of the physicians surveyed have cared for MO HealthNet participants for 16 years or more, and most worked in practices with only one physician. The majority of respondents rated MO HealthNet "good," "very good" or "excellent" at meeting their needs. Physicians who responded to the survey indicated they would be open to caring for additional MO HealthNet participants. Providers surveyed noted concerns about the variety of specialists available to their patients, and reported dissatisfaction with the reimbursement rate for the services they provided.

In summary, these analyses indicate that the MO HealthNet program has made meaningful progress toward eliminating historical health disparities in all regions of Missouri. Furthermore, it appears that there have been notable improvements in health outcomes in the Southeast region of the State and for blacks with chronic disease throughout the state. Enhancing knowledge and awareness with data such as these will foster ongoing improvement in access to and quality of healthcare in Missouri and will increase participant and provider satisfaction with the MO HealthNet program.

Background

In 2007, the Missouri General Assembly passed Senate Bill 577, which made numerous changes to Missouri's Medicaid program, including changing the name of the program to MO HealthNet. Among the statutory changes was an emphasis on outcomes and program evaluation. One example of this emphasis on outcomes can be found in section 208.950.5, RSMo (2007), which requires an independent survey to assess health and wellness outcomes of MO HealthNet participants. Specifically, this provision requires the Department of Social Services to

...commission an independent survey to assess health and wellness outcomes of MO HealthNet participants by examining key health care delivery system indicators, including but not limited to disease-specific outcome measures, provider network demographic statistics including but not limited to the number of providers per unit population broken down by specialty, subspecialty and multi-disciplinary providers by geographic areas of the state in comparison side-by-side with like indicators of providers available to the state-wide population, and participant and provider program satisfaction surveys.

The Missouri Department of Social Services, MO HealthNet Division, commissioned the University of Missouri to conduct the survey, pursuant to an existing contract for management and analyses of MO HealthNet data.

Survey Design

In collaboration with the MO HealthNet Division, the University of Missouri's Center for Health Policy (CHP) and the Office of Social and Economic Data Analysis (OSEDA) developed a three-part design for the survey. First, MO HealthNet claims data were queried to evaluate disease specific outcome measures for five chronic conditions (Asthma, COPD, Congestive Heart Failure, Coronary Artery Disease, and Diabetes) affecting MO HealthNet participants. Second, MO HealthNet's enrolled provider file was queried to create a snapshot of the program's provider demographics. Finally, a sample of participants and providers was contacted and asked to complete a survey assessing satisfaction with the MO HealthNet program.³

Under the terms of an agreement between the University of Missouri and the Department of Social Services, MO HealthNet Division, the University receives regular bi-weekly file transfers of claims data from the MO HealthNet Division's sole fiscal intermediary, Infocrossing Healthcare Services Inc., via secure file transfer protocol (FTP). The data contained in these files constitute the source data for each of the three components of this survey. An analytical SAS database

³ The survey instruments can be found in Appendix G

was constructed for purposes of this project by consolidating the original files received from Infocrossing. The state was divided into seven regions that correspond to the regions used by the Department of Health and Senior Services to conduct the annual Behavioral Risk Factor Surveillance System surveys for the Centers for Disease Control.⁴ These robust county-level phone survey data will be released soon and will allow for comparisons of trends regarding the prevalence of diseases and health behaviors in Missouri.

Using Medicaid Claims Data to Study Outcomes

As noted, the methodology used to examine disease specific outcomes and provider network demographic statistics includes querying MO HealthNet's administrative database. The database is a rich source of information, because it includes basic data on all MO HealthNet participants and providers, and claims data filed by physicians, nursing homes, pharmacies, and dentists. The database also includes claims data regarding participants who are part of the managed care capitation program, participants receiving home health services, participants who are dually-enrolled in both MO HealthNet and Medicare, and inpatient and outpatient hospital claims. Claims data are collected to facilitate payment of claims for services provided to MO HealthNet participants.

When using these data to examine or analyze patient outcomes and utilization, it is important to keep in mind both the strengths and limitations of the data.⁵ While the information contained in the data represents a large number of participants who have a wide range of health conditions, it is also limited to claims for services that are paid for by the Medicaid agency, while the participants are eligible. Therefore, services received by participants when they are not eligible, or services that are free or paid for by participants out-of-pocket, are not reflected in the data. For example, participants may receive immunizations that are not billed to MO HealthNet in such settings as free vaccine clinics. Because MO HealthNet is not billed for the immunization, the claims data likely underreport the rate of these vaccinations. For this reason, immunizations were omitted from the outcomes reported in this study.

Pharmacy claims data were examined for four of the five chronic conditions studied. Pharmacy claims can be problematic as well. For example, the claims data will not fully reflect the prescribing and adherence behavior of patients and providers if patients obtain their medications through samples given to them by their providers, pay out of pocket at pharmacies offering low-cost prescriptions, or they use medications obtained from family members or friends.

In addition, this analysis only focuses on fee-for service participants. Due to the capitated nature of payment for managed care, it is not possible, at this time, to extract encounter data for the managed care population. Future analyses should

⁴ A color-coded map of the BRFSS Regions can be found in Appendix E

⁵ Crystal S, Akincigil A, Bilder S, and Walkup J, Studying Prescription Drug Use and Outcomes With Medicaid Claims Data, *Medical Care*, Vol. 45, No. 10, Suppl 2, October, 2007.

find ways to break down managed care claims into encounters for comparative purposes.

The movement of participants in and out of the system and between managed care and fee-for-service is dynamic during the year. Accordingly, we chose to use the average number of monthly eligible participants with Fee-For-Service (FFS) claims as the overall measure of the MO HealthNet FFS population for the year. To illustrate the “churn” in the program, consider just two segments of the eligible population. In January 2007, there were 190,949 participants with both FFS and managed care claims with no capitated payments. By December 2007, 40,645 (21.3%) of these participants had no FFS claims. Of these, 23,350 (12.3%) had no claims at all and 17,295 (9.1%) had shifted to managed care including some capitated payments. Another segment of 252,819 participants had no FFS claims in January 2007, but were only in managed care. By December 2007, 21,617 of these participants (8.6%) had FFS claims and 56,640 (22.4%) had no claims at all. From a policy standpoint, this churning of participants across programs and on and off MO HealthNet could be greatly reduced, if the State adopted monthly or quarterly eligibility as is done in other states. More research is needed to determine the impact that changing eligibility would have on all aspects of the MO HealthNet program.

Disease-Specific Outcome Measures

In consultation with the MO HealthNet Division, outcome measures that can be identified from claims data were selected for Asthma, Chronic Obstructive Pulmonary Disease, Diabetes, Congestive Heart Failure, and Coronary Artery Disease. These diseases were selected because they affect a larger proportion of MO HealthNet participants than individuals who receive health coverage in the private sector.

The selected outcome measures were chosen from the National Committee for Quality Assurance (NCQA)’s Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures, such as these, are used by more than 90 percent of America’s health plans to measure performance.

MO HealthNet Fee-for-Service participants with these conditions were identified by querying the diagnostic code fields in the analytical database created for this project by consolidating the original files received from Infocrossing. Although some data were available from managed care organizations, they are not sufficiently complete to include in these analyses. If any of the ICD-9 diagnosis codes for the identified disease occurred, a participant was considered to meet the disease criteria. For purposes of this survey, participants were identified as having one of the included diseases, if they had a claim with one of the designated ICD-9 diagnosis codes during State Fiscal Year 2007. The participants’ claims history were then queried to determine whether the participants had received the specified treatment for each indicator at any point during State Fiscal Year 2008, which is referred to as the “measurement year”. Participants were included only if

they had continuous MO HealthNet enrollment during SFY 2008, which is defined as no more than one eligibility gap of greater than 45 days.

A complete listing of examined outcomes can be found in Appendix A. The following section provides the results for each outcome. Complete data tables for each of the examined outcomes can be found in Appendix B. The definitions and codes used to identify each condition and treatment can be found in Appendix C.

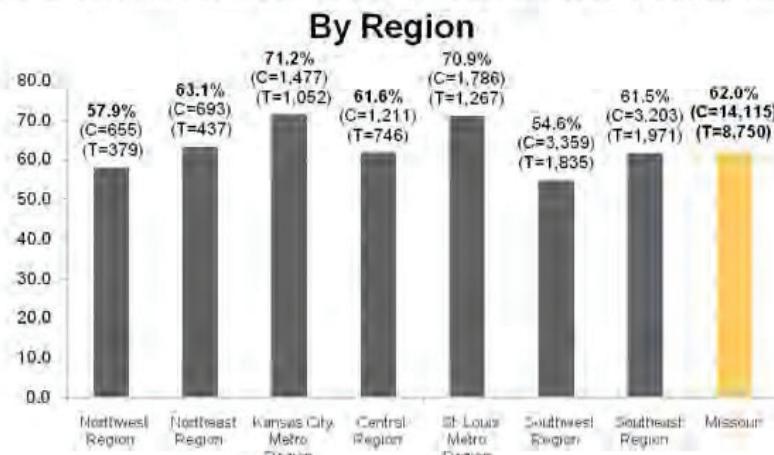
Asthma

The outcome indicator for asthma is whether participants with asthma filled at least one prescription for an inhaled corticosteroid medication during the measurement year.

Asthma

SFY08 Outcome Indicator: Inhaled Corticosteroids

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment

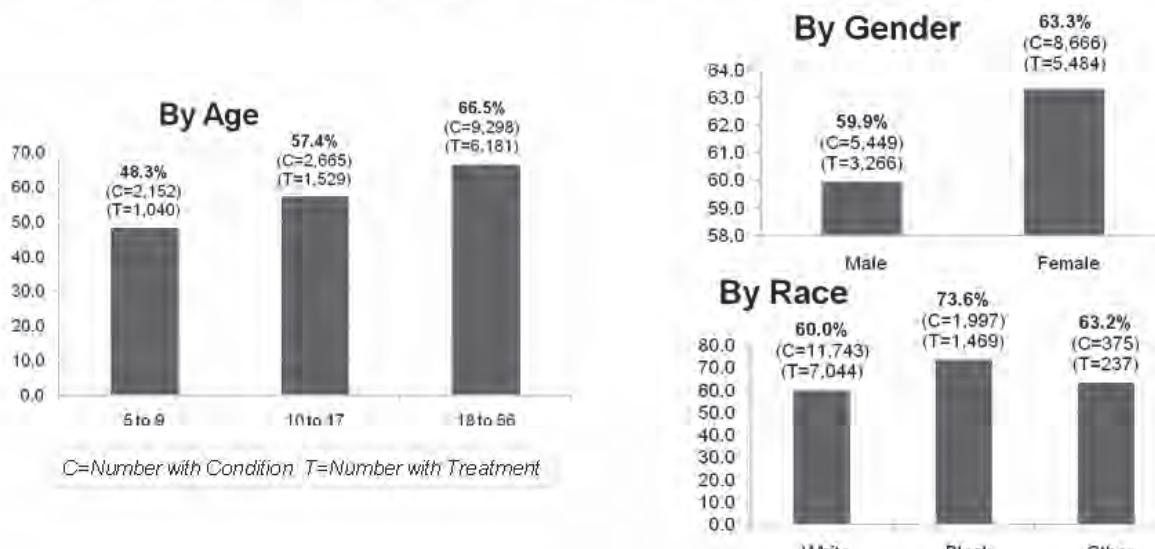


C=Number with Condition T=Number with Treatment

Asthma

SFY08 Outcome Indicator: Inhaled Corticosteroids

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



C=Number with Condition T=Number with Treatment

A total of 14,115 participants between the ages of 5 and 56 were identified as having asthma during SFY 2007, and 62.0% of identified participants had claims data indicating they had filled a prescription for an inhaled corticosteroid at least once during SFY 2008. Children aged 5 to 9 filled prescriptions at a lower rate (48.3%) than older children aged 10 to 17 (57.4%) or adults aged 18 to 56 (66.5%). This may reflect the fact that some children meeting the criteria for diagnosis with asthma may have mild infrequent episodes that may not, in the view of their provider, require preventive treatment. Children also may have difficulty using inhalers; therefore parents may not get prescriptions filled for this reason. Lastly, corticosteroids are prescribed more cautiously in children compared to adults due to side effects; therefore, this preventive modality may be prescribed only for children with the most severe and difficult to control symptoms.

Participants residing in the Kansas City (71.2%) and St. Louis (70.9%) Metropolitan areas received the treatment at a higher rate than participants residing in other areas of the state. These differences may reflect disease management programs targeting patients with asthma that are coordinated through the children's hospitals located in Kansas City and St. Louis. This is especially promising considering the latest report by the Asthma and Allergy Foundation of America, which named St. Louis the worst place in the nation for those with asthma to live and found only average use of controller medications.

In some areas of St. Louis, as many as one in five children have asthma.⁶ It is important to note that because most MO HealthNet children in St. Louis are enrolled in a managed care program, the prevalence among FFS participants vastly under represents the actual prevalence of asthma in both St. Louis and Kansas City. According to the Missouri Department of Health and Senior Services, in 2006, approximately 140,000 adults and more than 45,000 children in the St. Louis region were currently living with asthma.⁷ However, prevalence is only a small part of the problem; the study naming St. Louis the 2009 Asthma Capital of America cites the above-average death rate from asthma and environmental factors, such as a lack of smoke-free laws, poor air quality, and high pollen counts, as primary contributors to the ranking.

The highest self-reported prevalence of asthma in Missouri can be found in the Southwest (15.1%) and Northwest (14.9%) regions versus a statewide average of 12.7%.⁸ While more than two thirds of FFS participants received the recommended treatment in the Kansas City and St. Louis regions, a little more than one half of the participants with asthma in the Southwest received inhaled corticosteroids. These results suggest more targeted efforts need to be made to address these disparities.

⁶ St. Louis Regional Asthma Consortium - Asthma 411 initiative of Controlling Asthma in St. Louis project. 2006.

⁷ Missouri Community Assessment Data. Missouri Department of Health and Senior Services. Missouri Behavioral Risk Factor Surveillance System, 2006. <http://www.dhss.mo.gov>

⁸ 2007 Missouri Behavioral Risk Factor Surveillance System Data Report. Jefferson City, MO: Missouri Department of Health and Senior Services. Office of Epidemiology. June 2008.

Interestingly, blacks with asthma filled prescriptions for steroid inhalers at a higher rate than whites, and women and girls at higher rates than men and boys. Both of these trends are noted throughout several of the outcome measures detailed in this report.

In regards to race, the other category comprises all other races, including those with missing or unknown races, of which "unknown" is the largest subcategory. No other racial group comprised more than one percent of the MO HealthNet fee-for-service population, so further disaggregation of the other category was not included in this analysis.

Chronic Obstructive Pulmonary Disease (COPD)

The outcome measure for COPD is the percent of participants with COPD who use an inhaled bronchodilator. For this measure, participants were identified by querying the diagnostic fields of the database for the ICD-9 diagnosis codes for COPD. In order to determine compliance with the measure, pharmacy fields were queried using National Drug Code (NDC) numbers for inhaled bronchodilators. A total of 43,642 participants were identified as having COPD, and 51.1% (22,280) had claims data indicating they had filled at least one prescription for an inhaled bronchodilator during the measurement year. Two-fifths (40.5%) of participants diagnosed with COPD were aged 65 and older, yet only 39.9% of these participants had claims data indicating they had received the treatment. In contrast, 58.8% of the 25,212 participants aged 21-64 received the treatment.

A sufficiently large and convincing database now exists to propose the use of long-acting inhaled bronchodilators as first-line maintenance treatment for all chronic obstructive pulmonary disease patients, irrespective of the presence or absence of a short-term response during spirometry testing. The relative low penetration of prescriptions being filled for bronchodilators in this population (even with regional variation) may reflect low adherence to practice standards, non-adherence among this patient population, or a preference among many patients with less severe disease to not be treated.

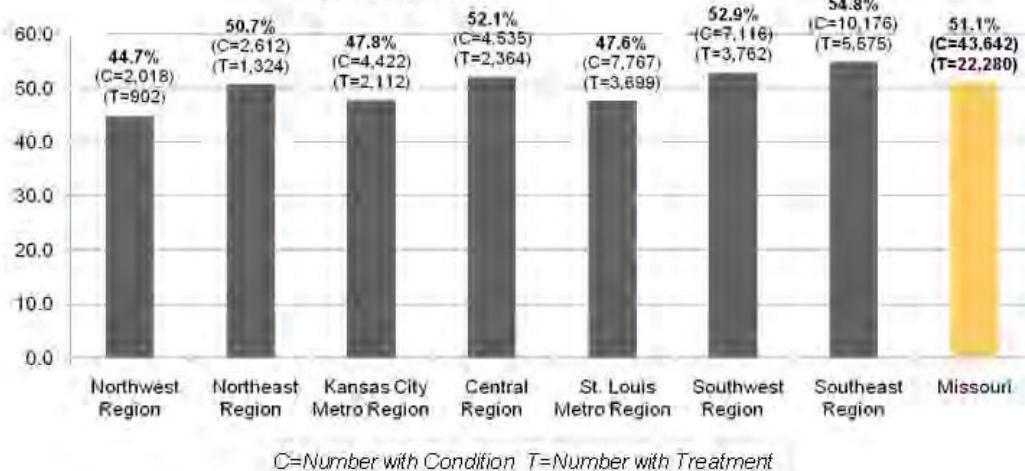
Participants residing in the Southeast region of the state experienced the highest rate of COPD and they also received inhaled bronchodilators more often (54.8%) than individuals in other areas of the state. Patients 65 years of age and older were less likely to fill prescriptions for inhaled bronchodilators, and women were more likely than men to fill such prescriptions.

COPD

SFY08 Outcome Indicator: Inhaled Bronchodilators

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment

By Region

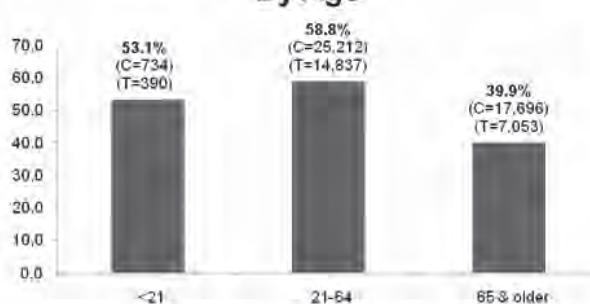


COPD

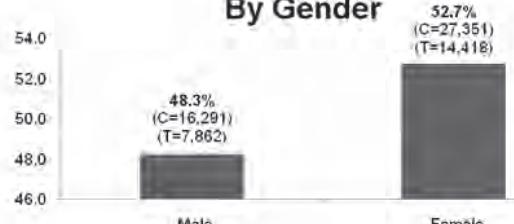
SFY08 Outcome Indicator: Inhaled Bronchodilators

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment

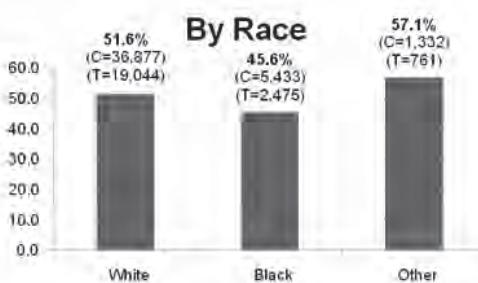
By Age



By Gender



By Race



Congestive Heart Failure (CHF)

Two outcome measures for participants with congestive heart failure were addressed in this analysis: the percentage of participants with CHF who received an Angiotensin-Converting Enzyme (ACE) Inhibitor or an Angiotensin II Receptor Blockers (ARB), and the percentage of participants who received a beta blocker. Participants with congestive heart failure were identified for this analysis by querying the database for ICD-9 diagnosis codes for congestive heart failure. The pharmacy file was used to evaluate the treatment metrics. Participants who have a claim that contains the NDC for one of the designated drugs are deemed to meet the treatment criteria.

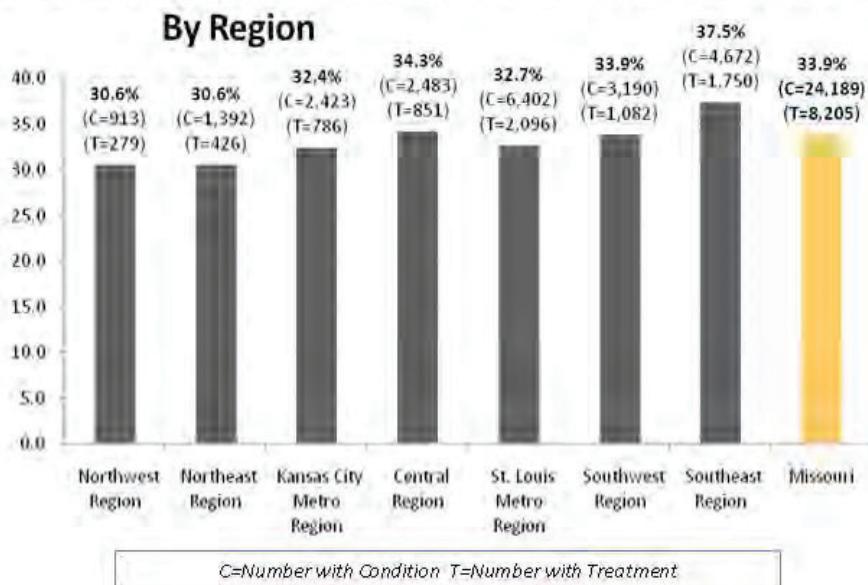
ACE Inhibitor or ARB

The analysis of the first measure, related to treatment with an ACE inhibitor or ARB, indicates 24,189 participants were identified as having CHF, and 33.9% of them (8,205) were treated with an ACE or an ARB during the measurement year.

Congestive Heart Failure

SFY08 Outcome Indicator: ACE or ARB

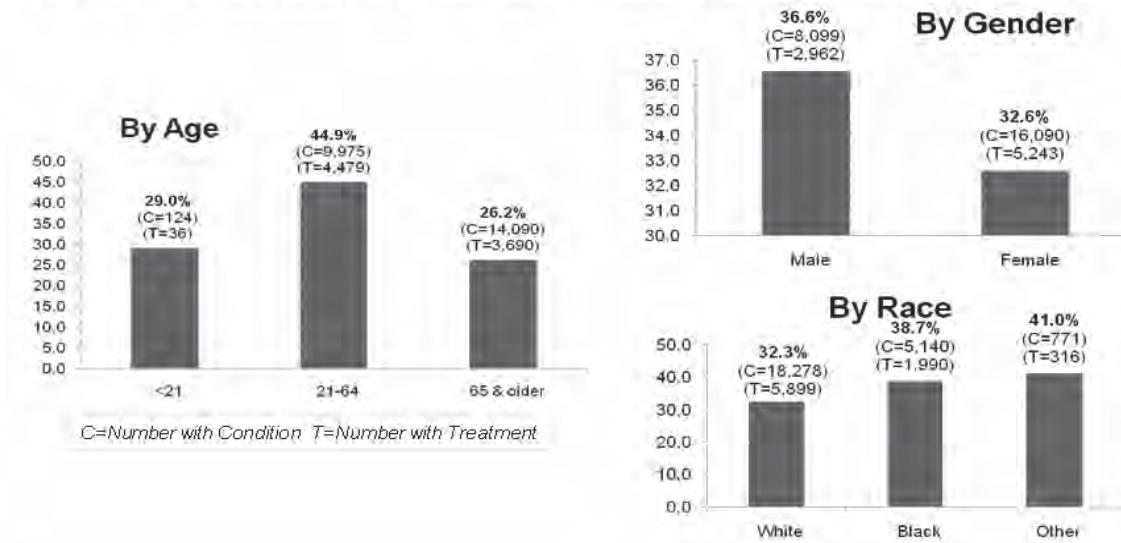
Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Congestive Heart Failure

SFY08 Outcome Indicator: ACE or ARB

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Beta Blocker

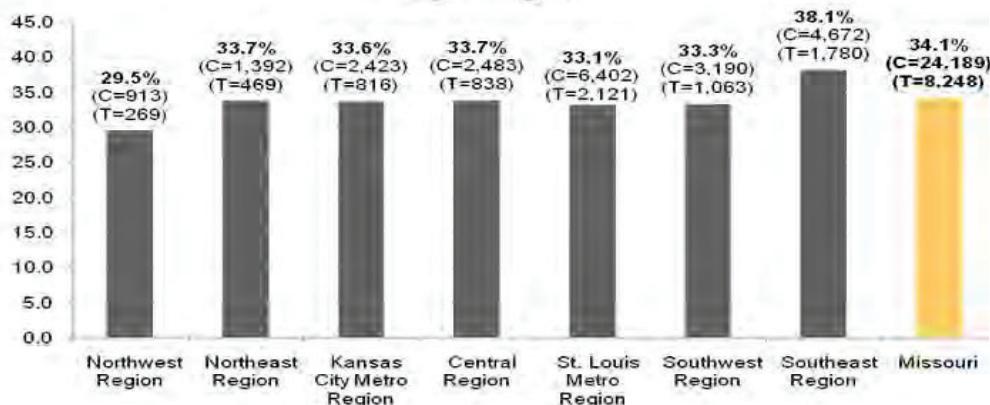
The analysis of the second measure, related to treatment with a Beta Blocker, indicates that 34.1% (8,248) of participants with CHF received the treatment during the measurement year.

Congestive Heart Failure

SFY08 Outcome Indicator: Beta Blockers

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment

By Region

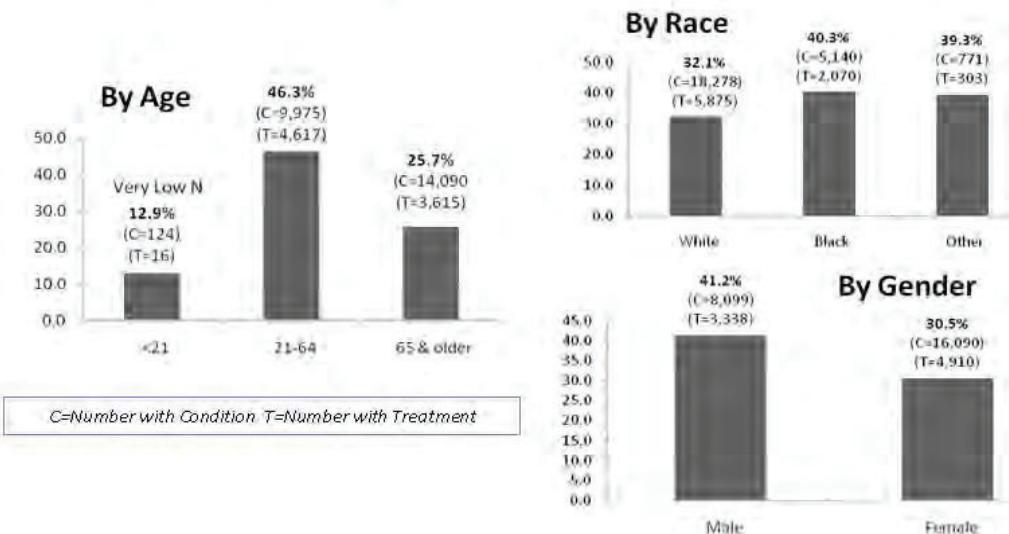


C=Number with Condition T=Number with Treatment

Congestive Heart Failure

SFY08 Outcome Indicator: Beta Blockers

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Participants with CHF residing in the Southeast region were more likely than participants residing in other regions to receive the recommended treatments, with 37.5% of participants in that region receiving an ACE or an ARB and 38.1% receiving a Beta Blocker during the measurement year. Males with CHF filled more prescriptions than females with CHF for both ACE/ARBs and for Beta Blockers.

Failure to prescribe recommended medications may be due to unfamiliarity with the evidence, the clinical guidelines recommending the use of these treatments, or both. Practitioners may also have concerns regarding adverse events. ACE inhibitors have long been the cornerstone of therapy for CHF. Recent trials have now shown that treatment with beta-blockers, Angiotensin II Receptor Blockers (ARB), and Angiotensin Converting Enzyme (ACE) Inhibitors also leads to substantial improvements in outcome.

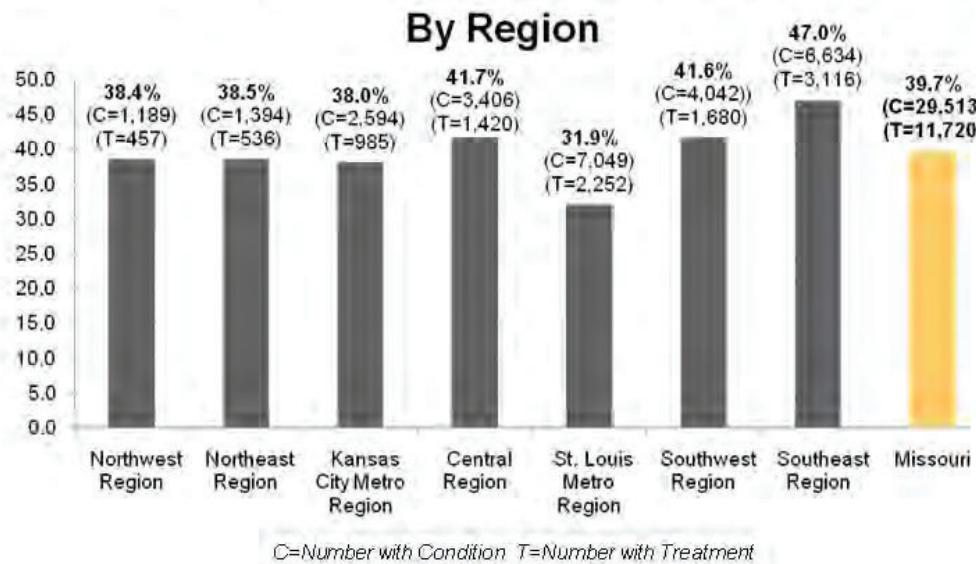
Coronary Artery Disease

The outcome measure for participants with Coronary Artery Disease (CAD) is the percentage of patients who take statin medications. Participants were identified for inclusion in this measure by querying the claims data for the applicable ICD-9 diagnosis codes, and the treatment measure was identified by looking at pharmacy claims. The analysis identifies 29,513 participants who had a coronary artery disease diagnosis during the measurement year. Nearly forty percent (39.7%), or 11,720, of these participants received a statin drug. The Southeast and Northeast regions reported the highest prevalence for cardiovascular disease.

Coronary Artery Disease

SFY08 Outcome Indicator: Statins

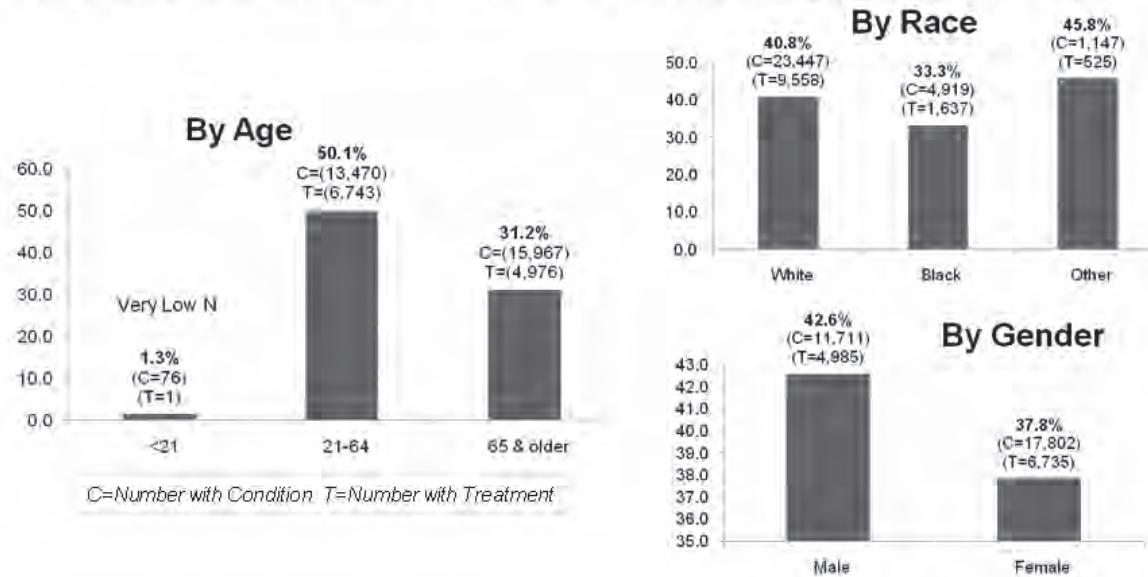
Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Coronary Artery Disease

SFY08 Outcome Indicator: Statins

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Men with coronary artery disease were more likely to receive the treatment than women (42.6% vs. 37.8%). Adults 21 to 64 years old were more likely (50.1%) than those 65 years and older (31.2%) to fill prescriptions for statins. The lower use of statins in the older population may, in part, reflect the less convincing outcomes and more common side effects of statins when used in patients age 65 and older.

According to 2007 BRFSS data, 7.2% of residents in the Southeast region reported being told by a health professional that they had angina or coronary heart disease; and 6.7% reported being told they had experienced a heart attack or myocardial infarction.⁹ In the MO HealthNet claims data, the Southeast region had the second highest rate of Coronary Artery Disease (6,634 FFS participants). Based on these high regional prevalence rates, it is promising to see that the Southeast region reported the highest rates of treatment. Nearly half (47%) of MO HealthNet FFS participants diagnosed with CAD were found to have received statin drugs. Compare this to the St. Louis region, which reported the most participants with CAD (7,049), while only 31.9% of participants in that region filled prescriptions for statin medications.

Statins are a form of lipid-lowering therapy, and has been found to reduce the risk of cardiovascular events in patients with coronary artery disease regardless of baseline low-density lipoprotein cholesterol (LDL-C) levels. Though patient

⁹ 2007 Missouri Behavioral Risk Factor Surveillance System Data Report. Jefferson City, MO: Missouri Department of Health and Senior Services. Office of Epidemiology. June 2008.

preference and noncompliance may play a factor, the global under-penetration of statin prescriptions being filled by this population is of concern, and may reflect noncompliance with practice standards by practitioners.

Diabetes

Four outcome measures for participants with diabetes were used in this analysis: the percentage of diabetic participants who had at least two Hemoglobin A1c (HbA1c) measurements during the measurement year; the percent of participants with diabetes who had a lipid profile during the year; the percent of participants who had at least one urinary microalbumin screening during the measurement year; and the percent of participants with diabetes who had a dilated retinal exam (DRE) during the measurement year.

Participants with diabetes aged 18-75 who were continuously eligible were identified for inclusion in this analysis by querying pharmacy and claims data. In order to be included, participants must have either been dispensed insulin or an oral hypoglycemic/antihyperglycemic during the measurement year, or have had two face-to-face encounters with a diagnosis of diabetes on different dates of service in an outpatient or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or emergency department setting during the measurement year. Using this methodology, a total of 28,306 participants aged 18-75 with continuous enrollment were identified as diabetics. More women than men were identified as diabetic (18,217 vs. 10,089), and more people with diabetes live in the St. Louis, Southeastern, and Southwestern regions of the state (6,205; 5,786; and 4,443 participants respectively). For each of the measures, the procedure fields were queried to determine whether patients received the specified treatment.

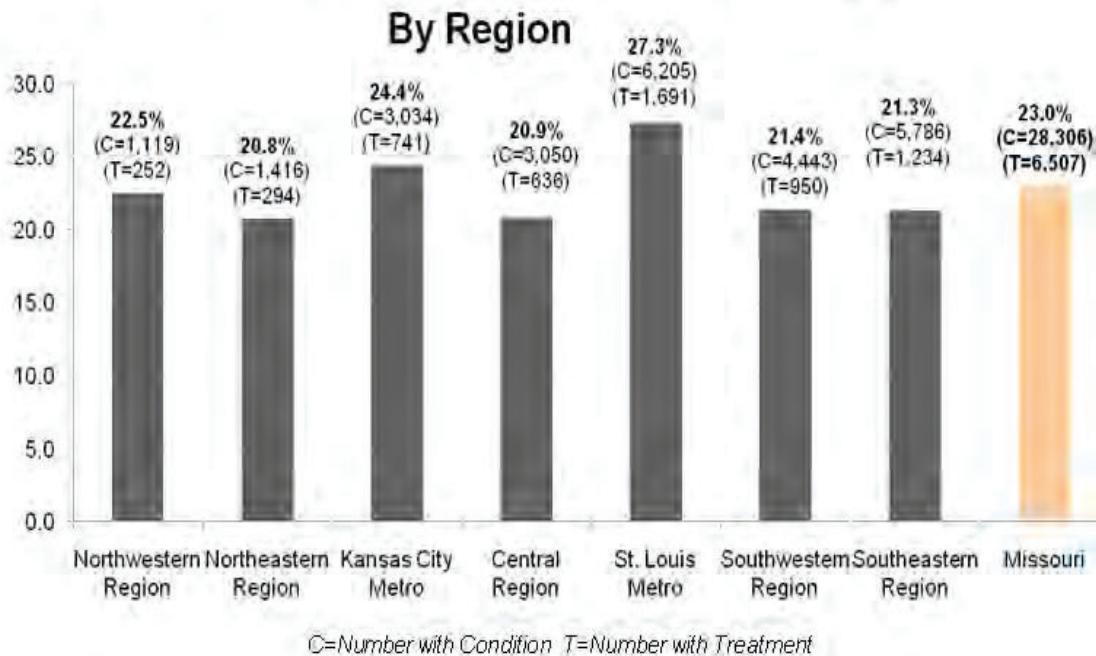
Hemoglobin A1c (HbA1c)

A total of 23.0% of identified participants with diabetes received at least two Hemoglobin A1c measurements during state fiscal year 2008. Women (23.3%) were more likely to receive the measurements than men (22.4%), blacks (25.3%) were more likely to receive the measurements than whites (22.1%), and participants residing in the St. Louis (27.3%) and Kansas City (24.4%) regions were more likely to receive the test than individuals residing in other areas of the state. However, in 2007, the prevalence for diabetes was highest in the Northwest (9.0%) and Central (8.6%) regions, compared to a state average of 7.6%. Both regions fell below the state average on receiving the recommended number of HbA1c screenings. Low levels of compliance with this measure may be due to variation in practice patterns, particularly among patients with well-controlled diabetes who may receive only one HbA1c measurement in a year.

Diabetes

SFY08 Outcome Indicator: HbA1c

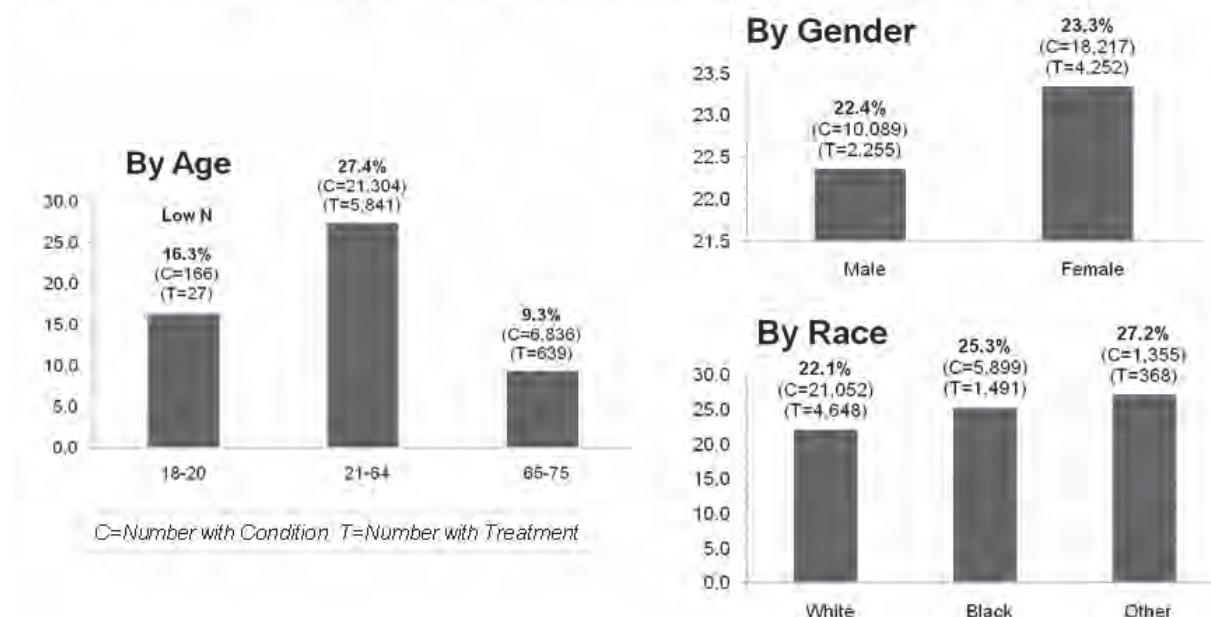
Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Diabetes

SFY08 Outcome Indicator: HbA1c

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



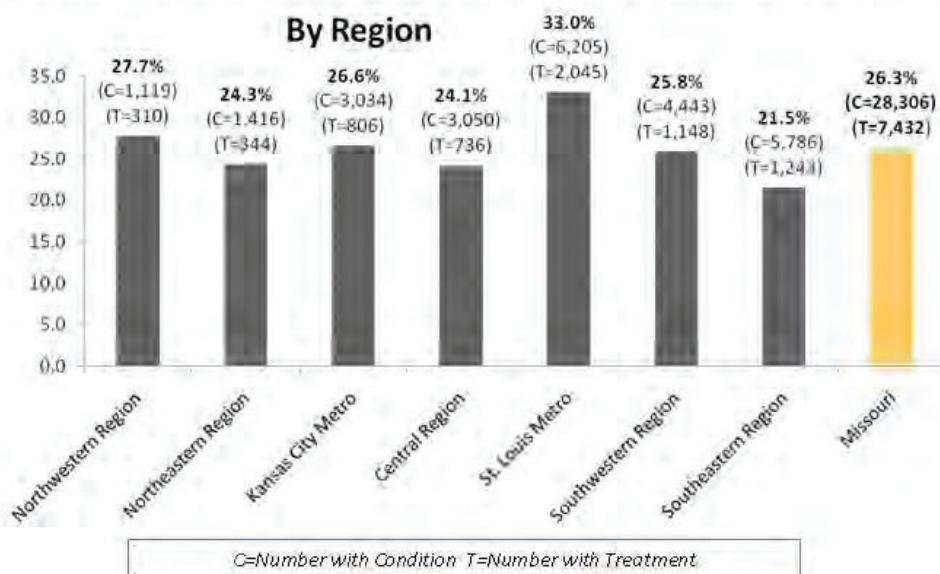
Lipid Profile

Over a quarter (26.3%) of identified participants with diabetes had a lipid profile completed during the measurement year. Treatment differences for this outcome measure mirrored the results for the HbA1c measure. Participants in the St. Louis (33.0%) and Kansas City (26.6%) regions were more likely to have a lipid profile than participants residing in other regions. While the region with the highest prevalence of Diabetes reported the second highest rate by region, the Central region with the second highest prevalence of diabetes reported one of the lowest rates for lipid profiling. Women were more likely than men to receive the treatment (26.6% vs. 25.7%), and blacks were more likely than whites (28.9% vs. 25.2%).

Diabetes

SFY08 Outcome Indicator: Lipid Profile

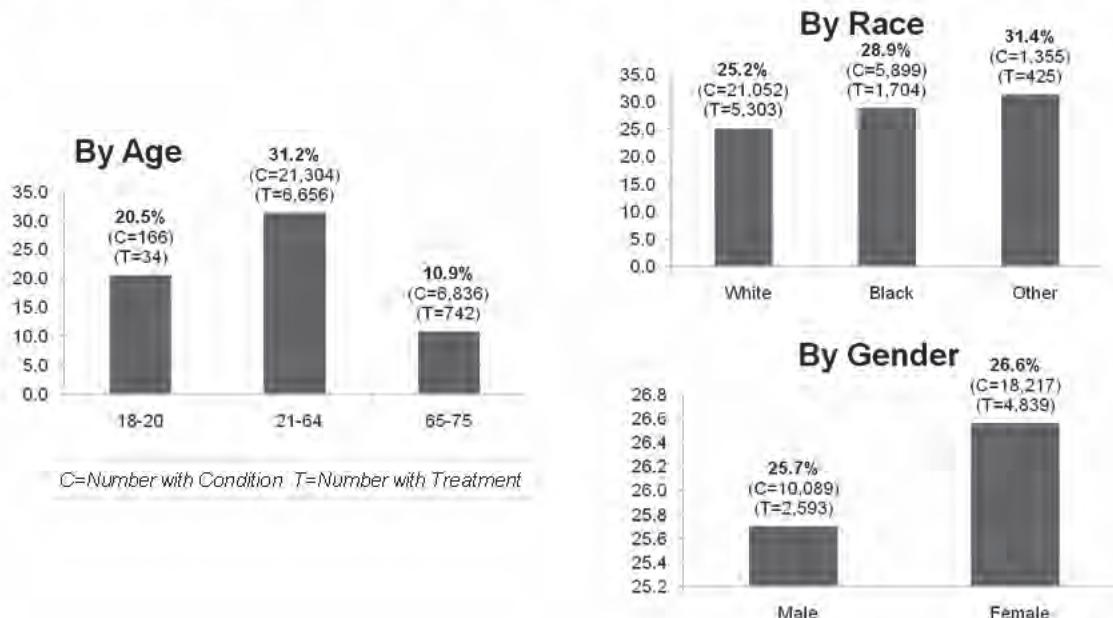
Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Diabetes

SFY08 Outcome Indicator: Lipid Profile

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Urinary Microalbumin

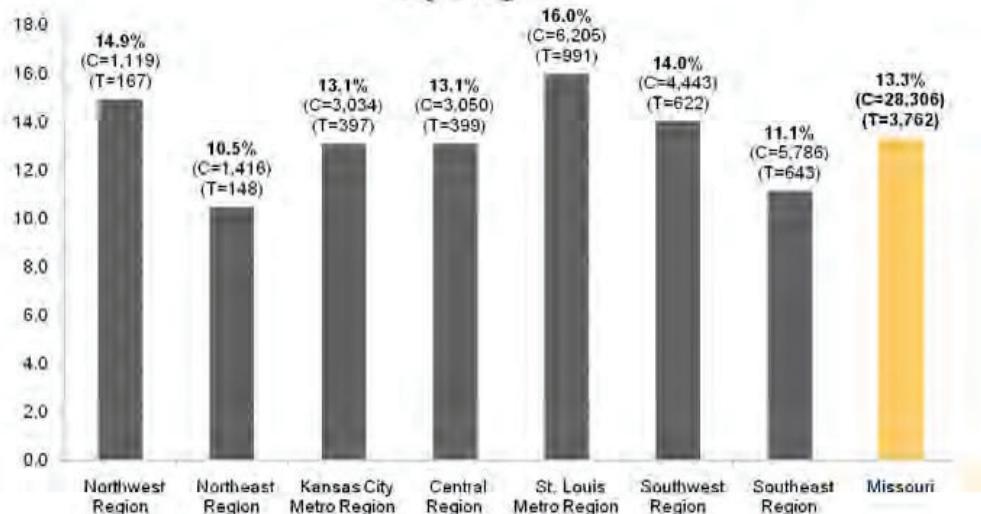
Analyses demonstrated that 13.3% of identified participants with diabetes had at least one urinary microalbumin screening during the measurement year. Women (13.9%) were more likely than men (12.2%) to receive the screening, blacks (15.3%) more likely than whites (12.4%), and participants residing in the St. Louis (16.0%), Northwest (14.9%), and the Southwest (14.0%) regions were more likely to receive the screening than participants residing in other areas of the state. Very low levels (4.7%) of urinary microalbumin screening among patients with diabetes who were 65-75 years old were found.

Low levels of screening in general may be due to lack of awareness by providers of the importance of this cost effective standard of care that is recommended to detect early diabetic nephropathy. Early detection and treatment may help prevent progression to kidney failure, dialysis, and/or renal transplant. The National Kidney Foundation is providing free screenings throughout the State. These tests are not necessarily documented by the MO HealthNet claims database, so they may be underreported in this study.

Diabetes

SFY08 Outcome Indicator: Urinary Microalbumin

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment
By Region

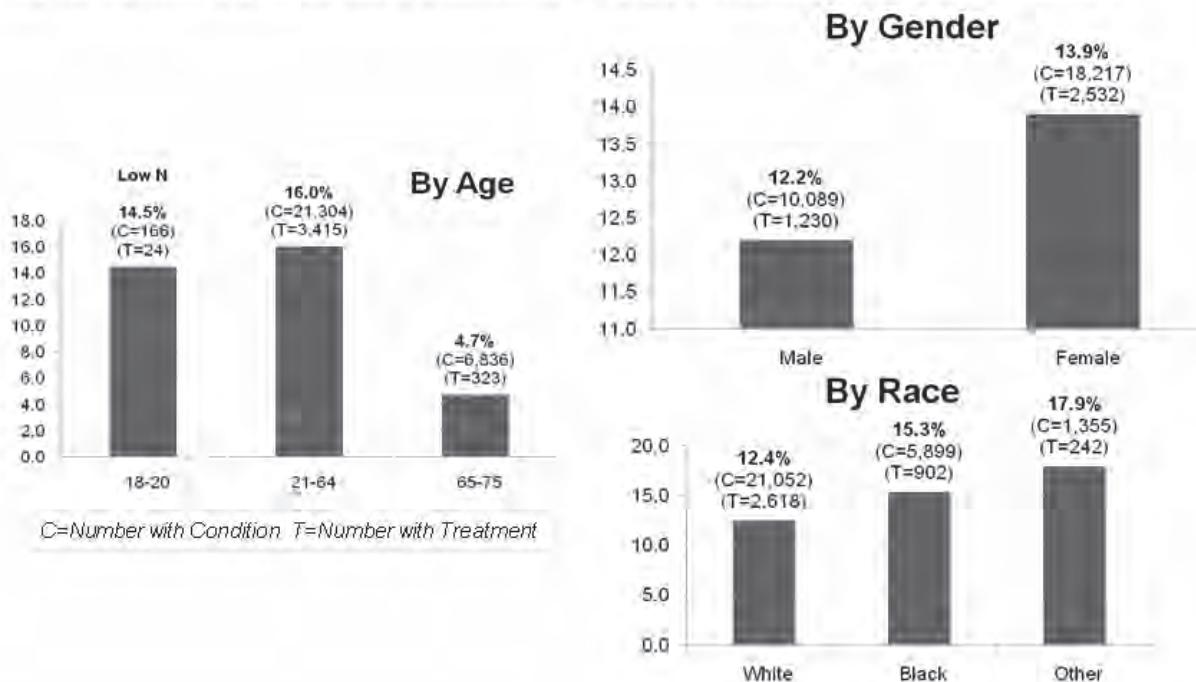


C=Number with Condition T=Number with Treatment

Diabetes

SFY08 Outcome Indicator: Urinary Microalbumin

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



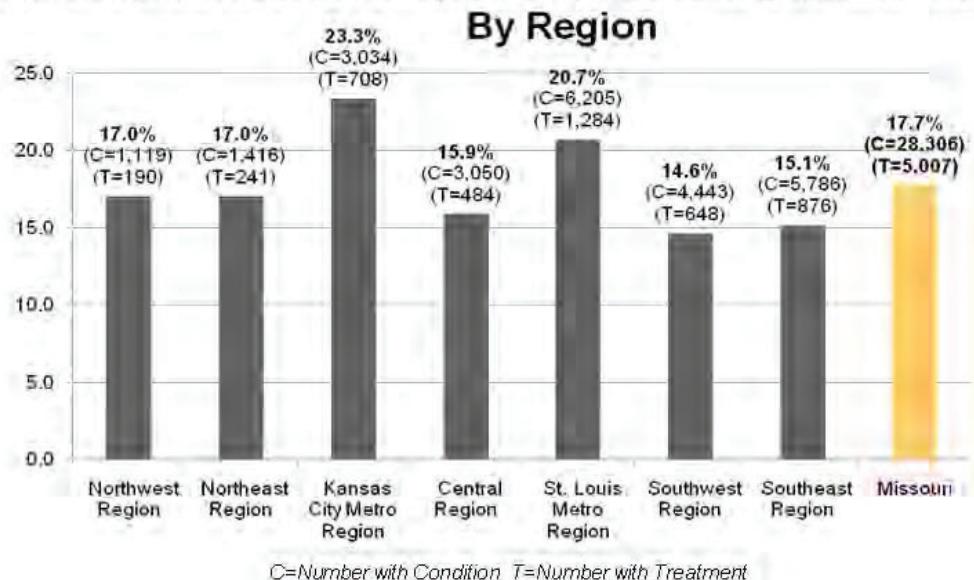
Dilated Retinal Exam

The fourth outcome measure examined for diabetic participants was the percentage of participants who had a dilated retinal exam (DRE) during the measurement year. Of the diabetic participants identified, 17.7% had claims data indicating they had received a dilated retinal exam during the measurement year. Women (18.7%) were more likely than men (15.8%) to have received the exam, blacks (22.7%) were more likely than whites (16%), and participants residing in the St. Louis (20.7%) and Kansas City (23.3%) regions were more likely to have received the exam than participants residing elsewhere. A low level (8.4%) of compliance with this measure was found in the diabetic participant population aged 65-75.

Diabetes

SFY08 Outcome Indicator: DRE

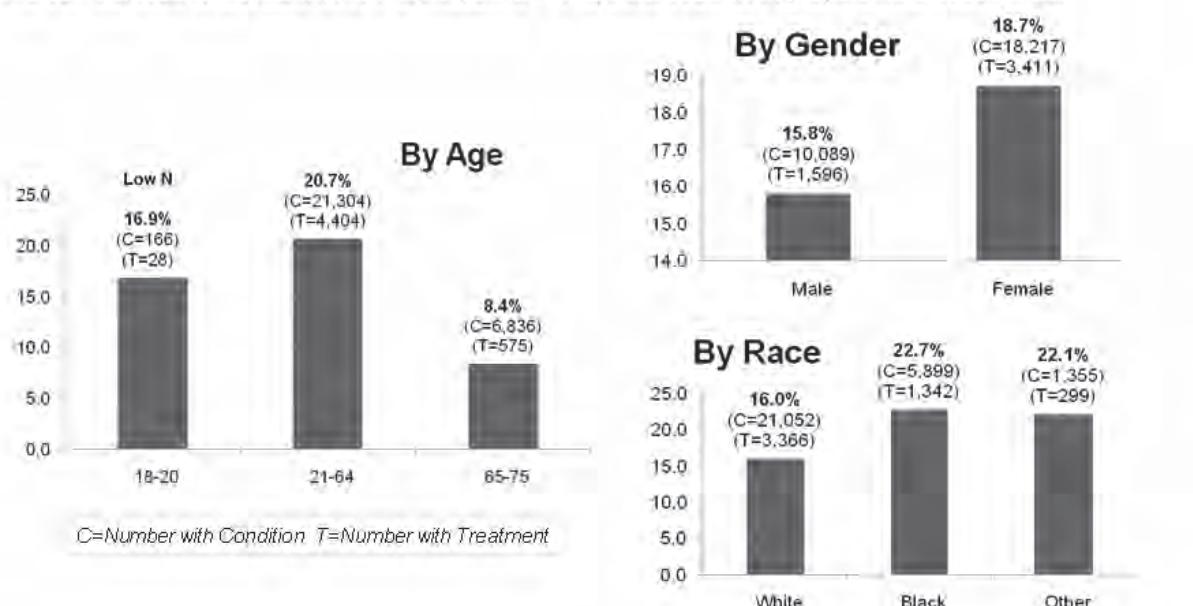
Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Diabetes

SFY08 Outcome Indicator: DRE

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



Each of the diabetes outcomes measured revealed that the interventions studied were significantly underutilized. Though patient non-adherence must be considered as a contributing cause, it does not fully explain the major under-penetration of recommended treatments reflected by the data, particularly for microalbumin measurement and dilated retinal exam screening. Interestingly, race

and gender differences were not reflective of historical accounts, with whites and males generally receiving fewer services than blacks and women in all parameters. Older participants (65-75 years) with diabetes received few preventive screening services reflected in these data.

MO HealthNet Enrolled Provider Demographics

The second portion of the analysis outlined by Section 208.950.5, RSMo (2007), requires an analysis of MO HealthNet provider demographics, and a comparison to non-MO HealthNet providers. Unfortunately, full-time equivalency, and specialty information for all medical providers is not available in state licensing data. In lieu of comparing enrolled and non-enrolled MO HealthNet providers, MO HealthNet providers who actively care for participants were identified. Active providers were defined as providers who are identified as "active" providers in the provider file from Infocrossing, and who filed at least one fee-for-service MO HealthNet claim in State Fiscal Year 2008. The focus of this report is on those who provide fee-for-service primary care to participants, including General or Family Medicine, Obstetrics and Gynecology, Pediatrics, and Internal Medicine, as well as Advanced Practice Nurses.

There were a total of 6,946 active MO HealthNet primary care providers (PCPs) in state fiscal year 2008. During the same time period, there were 8,213 PCPs enrolled with MO HealthNet. The total number enrolled includes all physicians who filled out the required forms. For comparative purposes, it is important to note that the total number of enrolled providers includes managed care PCPs. This analysis focused solely on active fee-for-service providers. Only fee-for-service claims were analyzed for providers who see both managed care and fee-for-service participants, because encounter data with sufficient detail are not available at this time for managed care participants.

The number of MO HealthNet providers compares to 14,256 in-state and 7,001 out-state licensed physicians (both MD and DO) in MO in 2008. In 2004, the state stopped collecting information on specialty and full-time equivalency by practice location. Without these data, it is not possible to identify primary care physicians in Missouri to allow for comparisons between them and the number of active primary care MO HealthNet providers.

The measure used to assess access relative to PCPs is the average number of the SFY08 fee-for-service MoHealthNet population eligible each month (last day of the month). This population includes all MO HealthNet recipients who had at least one paid fee-for-service claim during the fiscal year. This represents the broadest, most inclusive measure of the potential demand for fee-for-service services. First, we determined the population of all participants with at least one fee-for-service claim in all of SFY08. Second, we determined for that total population the number eligible on the last day of each month in SFY08 by county. Third, we calculated the annual average number of eligible participants by county—those eligible that month who were part of the SFY08 fee-for-service population by county of residence. Thus, this estimate reflects the potential demand for fee-for-service or

those who potentially could create a demand for fee-for-service services given their history with MO HealthNet. This measure includes as members of the fee-for-service population some eligible recipients (with at least one Fee-for-Service claim in SFY08) who, for a particular month, may be enrolled in managed care. Hence this measure approximates an access measure rather than a utilization measure.

Our estimate is higher than those reported by the Department of Social Services (DSS) in data tables 22 and 23.¹⁰ This is because DSS does not report fee-for-service recipients directly. Instead, the number of eligibles enrolled on the last day of the month and the number enrolled in managed care that month are reported. The number of "fee-for-service" eligibles is seen as the difference between total eligible and managed care, and assumes that managed care and fee-for-service are mutually exclusive. Given the preliminary "churn" numbers we estimated, along with the "day eligibility" policy, we were not sure this is the case. In the DSS measure some counted as "managed care" may have a fee-for-service claim and thus the count of "fee-for-service" is lower than the measure we used. In the measure we used some of the population with a fee-for-service claim during the year who were eligible in the month may also have been enrolled in managed care that month and, hence, our count is higher than the DSS measure. We chose the more inclusive measure for the purpose of assessing access.

MO HealthNet Primary Care Providers and Fee-for-Service Participants, SFY08

Total Number of Primary Care Providers Registered with MO HealthNet	Number of Active Primary Care Providers (one or more paid Fee-for-Service claim)	Average Monthly Number of MO HealthNet Fee-for-Service Participants	Ratio of MO HealthNet Monthly Average Fee-for-Service Participants to Active Primary Care Providers
8,213	6,946	525,155	75.6

On average, over 525,000 MO HealthNet fee-for-service participants were eligible each month statewide. To estimate an access measure for the fee-for-service population, we included all MO HealthNet participants who had at least one fee-for-service claim in SFY08. We then determined their MO HealthNet eligibility for each month of the year and computed an annual average number of eligible participants by county. Thus, these participants were the MO HealthNet fee-for-service population eligible to be seen by where they live. Due to the dynamic nature of eligibility, as demonstrated in our earlier example of churn in the program, there is no stable fee-for-service or managed care population. Because

¹⁰ Accessed at http://www.dss.mo.gov/re/pdf/fsd_mhdmr/1008.pdf (1/20/2009)

of the fluid nature of the fee-for-service population, the average monthly number of participants was used as a comparative base.

The ratio of active participants to primary care providers was 75.6 statewide and ranges from a low of 21.5 in Boone County to a high of 2,461 in Oregon County.

Active Mo HealthNet Primary Care Providers by Specialty, SFY08

Specialty Type and Code	Number of Active PCPs	Percent by Specialty
Internal Medicine [41]	2,432	35.0%
Gen/Fam Practice [01]	1,704	24.5%
Pediatrics [37]	990	14.3%
Advance Practice RN [28]	805	11.6%
OB/Gyn [16]	502	7.2%
Multi-Specialty PCPs	513	7.4%
Total	6,946	100.0%

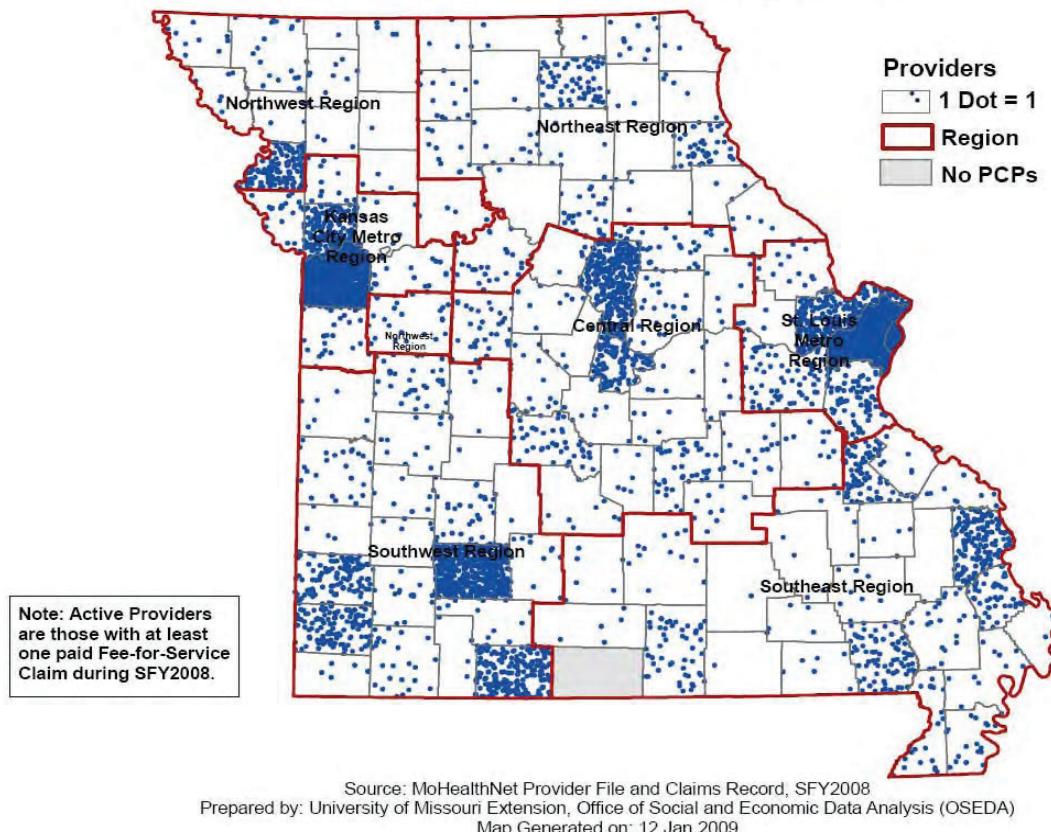
"Active" provider: one or more paid Fee-for-Service Mo HealthNet Claim

Over half of the PCPs identified were generalists, with Internal Medicine accounting for 35% and General/Family Practice comprising nearly 25%. Over 14% were Pediatricians, nearly 12% were Advance Practice Nurses, and Obstetrics/Gynecology accounted for just over 7%. The remaining active providers were multi-specialty PCPs (7%).

The following map provides a visual guide to the geographical distribution of the active PCPs participating in MO HealthNet during the period under examination. In this map, each dot represents a PCP who had at least one paid claim during the period of examination. Counties were divided into regions based on those used by the Department of Health & Senior Services (DHSS). DHSS regions were chosen over those regions used by the Department of Social Services, Family Support Division to allow for easy comparison with Missouri BRFSS prevalence data, which will soon be available for each county in Missouri. A map providing a county breakdown of the BRFSS geographic regions can be found in Appendix D.

As expected, there were higher concentrations of active MO HealthNet PCPs largely corresponding to the urban centers in Missouri with higher population density. Only one county, Ozark County, contained no active PCPs during SFY08.

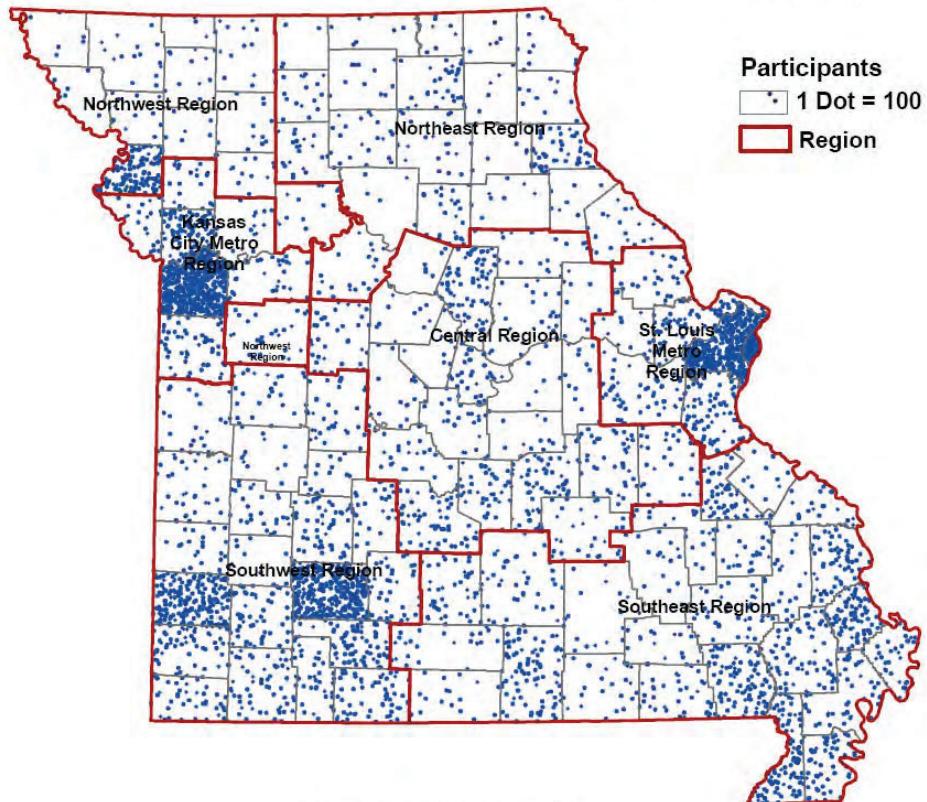
Number of Active Primary Care Providers (PCPs) Enrolled in MoHealthNet, SFY08



The provider's county was determined using the county practice location documented in the provider file of the claims data. Some health clinics, such as satellite facilities of Federally Qualified Health Centers, bill through the parent facility located in a different county. This skews the data points in the map. For example, a satellite clinic is located in Gainesville, MO in Ozark County. However, all claims are processed through their parent clinic located in Ava, so on the map, the providers at this clinic are depicted in Douglas County to the north.

The following map depicts the average number of fee-for-service eligible MO HealthNet participants by county. Each dot here represents 100 participants in that area. Comparing these maps side-by-side provides a visual overview of the geographic adequacy of provider demand compared to the practice location of active MO HealthNet PCPs.

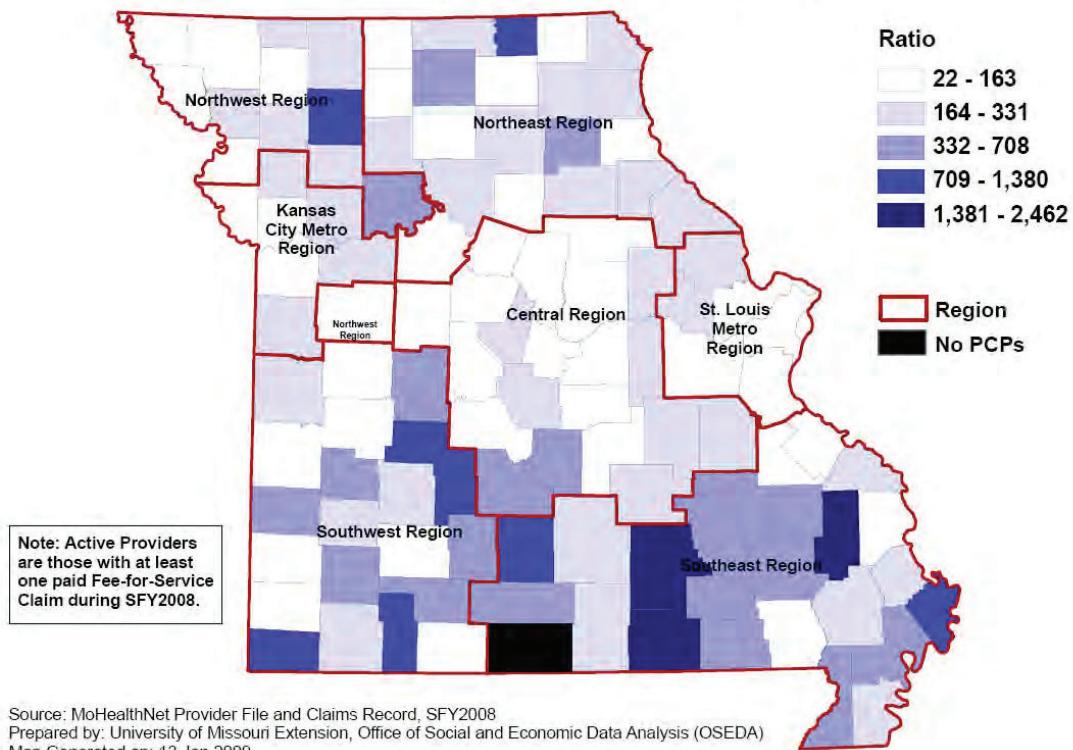
Average Monthly Number of Fee-for-Service Eligible MoHealthNet Participants by County and Region, SFY08



Source: MoHealthNet Claims Records
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)
Map Generated on: 12 Jan 2009

Another way to examine this relationship is to examine the ratio of average monthly number of fee-for-service eligible participants to the number of active MO HealthNet providers. In the following map, the Southeast and Southwest regions experienced the highest ratios. Three counties, Bollinger, Oregon, and Shannon, were found to have the highest, with a ratio at or above 1,381 participants to each PCP. There was only one active MO HealthNet PCP identified in each of these three counties. Oregon County reported the highest ratio, with only one provider located in a county with 2,461 monthly fee-for-service eligible participants. Eight counties were found to have ratios between 709 and 1,380 participants to each active MO HealthNet PCP. These include Hickory, Dallas, Mississippi, Daviess, Stone, Wright, Schuyler, and McDonald.

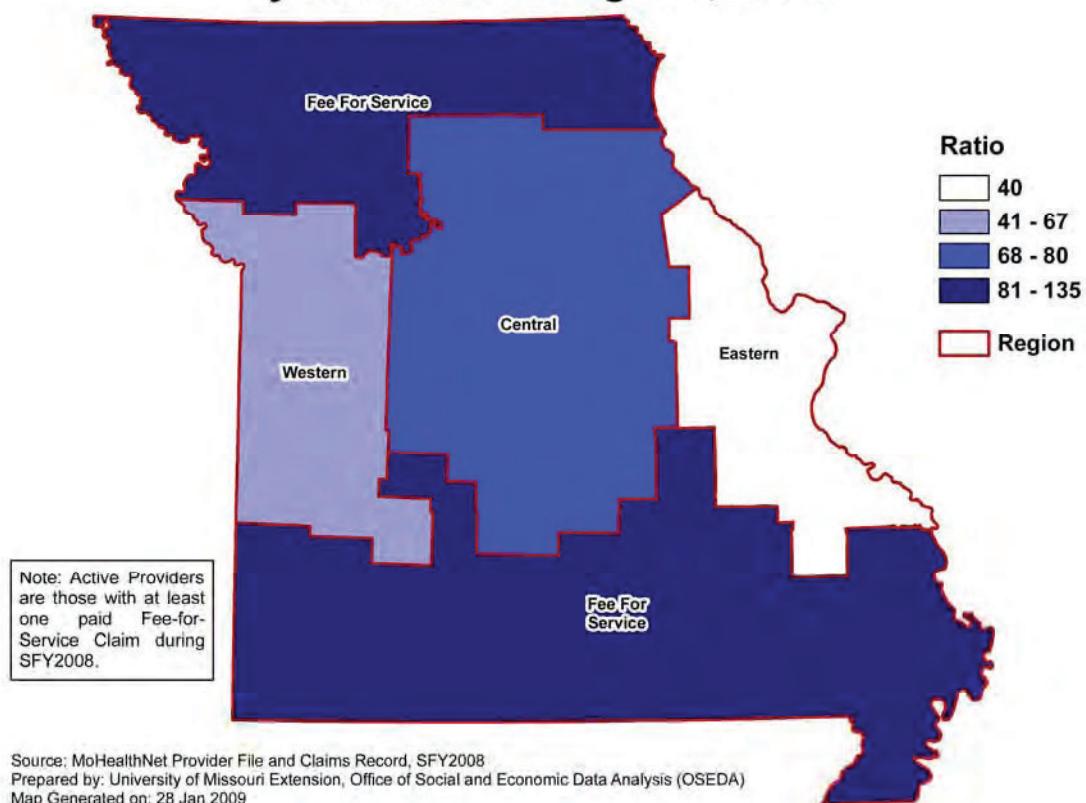
Ratio of Average Monthly Number of Fee-for-Service Eligible Participants to Number of Active Primary Care Providers (PCPs) for MoHealthNet by County by Region, SFY08



It is important to note how these county-based ratios were derived. The county of a participant was based on the residence address provided in the eligibility file of the claims data. For the purposes of this analysis, it was assumed that the participants eligible in one county sought services within the same county. Therefore, the analysis does not take into account those who seek and receive care in neighboring or counties other than their place of residence. Thus, the ratios may overestimate service utilization for some counties while underestimating it in others.

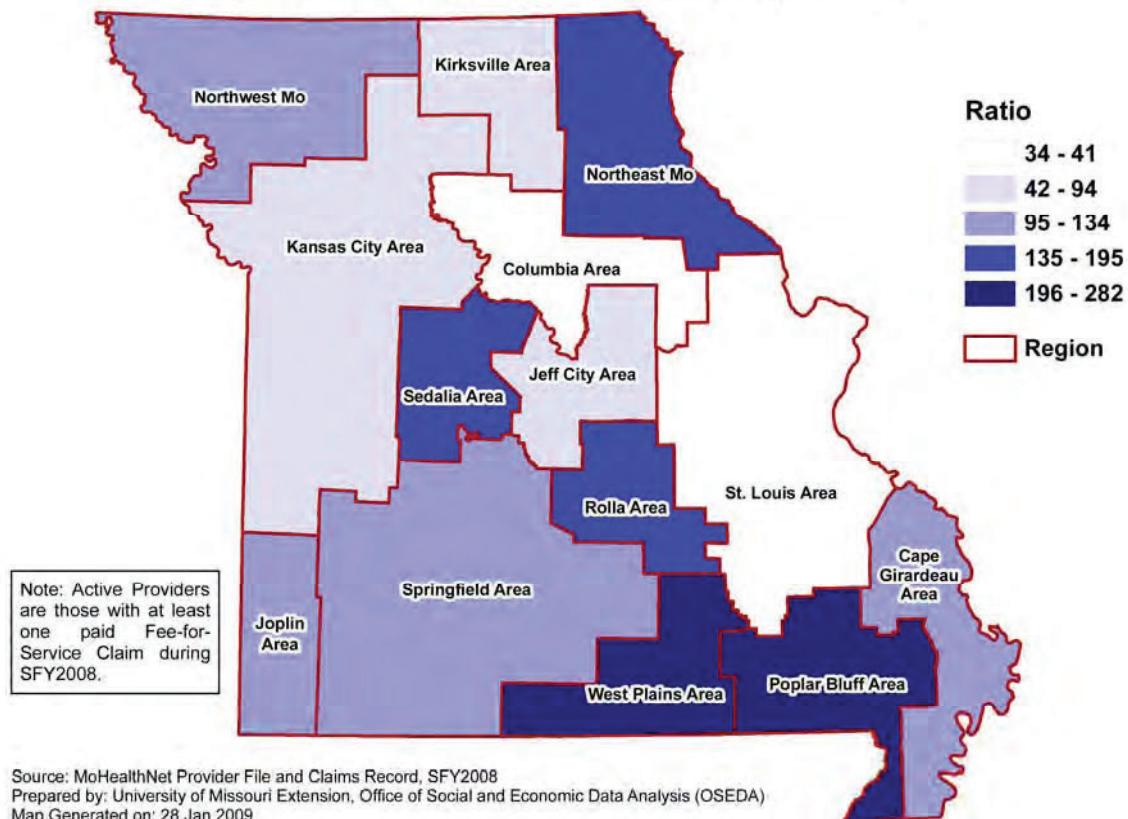
To account for this, ratios were calculated across various regions. The first map below shows the ratio of average monthly fee for service participants to the number of active PCPs by MO HealthNet region. As expected, regions along the I-70 corridor reported lower average ratios, since managed care is available and managed care participants were not included in this analysis.

Ratio of Average Monthly Number of Fee-for-Service Eligible Participants to Number of Active Primary Care Providers (PCPs) By MoHealthNet Regions, SFY08



The following map provides regional ratios based on Rand McNally Trade Areas, which represents the smallest retail-oriented area and should better reflect economic migration within region. Based on these regional groupings, the West Plains and Poplar Bluff Areas experienced the highest ratio of eligible participants to active MO HealthNet PCPs, with ratios of 196 to 1 or higher. The Northeast, Sedalia, and Rolla Areas were next, with ratios between 135 to 1 and 195 to 1. St. Louis and Columbia, areas with high penetration of managed care, reported the lowest ratios based on FFS participants.

Ratio of Average Monthly Number of Fee-for-Service Eligible Participants to Number of Active Primary Care Providers (PCPs) By Rand McNally Trade Areas, SFY08



Participant and Provider Satisfaction

As part of this project, the University of Missouri - Center for Health Policy worked in collaboration with the Saint Louis University School of Public Health and the Saint Louis University Center for Outcomes Research, who coordinated and conducted participant and provider satisfaction surveys. The studies assessed satisfaction with multiple aspects of care delivery and the program itself, as experienced and perceived by both participant and physician stakeholders. A complete listing of survey results for MO HealthNet participant and provider satisfaction can be found in Appendix E. The survey instruments can be found in Appendix F.

The participant and provider satisfaction survey study was divided into two phases. Phase I, which was completed on December 13, 2008, provided preliminary results from the first two weeks of interviews and surveys to produce an initial report. A summary of Phase I was included in the January 31 version of this document. Phase II continued the interviews and surveys to obtain a more comprehensive and representative sample for this final report. The study was designed so that Phase I results are consistent with the results obtained in Phase II. The following provides a general overview of the final results.

Participant Satisfaction Survey

The University of Missouri provided St. Louis University with two samples of MO HealthNet participants, totaling 11,078 participants. These individuals were at least 21 years of age, and had at least one MO HealthNet claim between January 1, 2008 and June 30, 2008. 9,989 participants in this sample also had usable phone numbers listed in MO HealthNet's database. Approximately 3,000 calls were made to these numbers, and it was determined that 70% of these numbers had been disconnected or assigned to another person or business, leaving a sample of approximately 900 persons for the telephone survey. Of these, 697 numbers had working voicemail that did not identify the participant. There were 193 individuals who were reached by telephone or had voicemail that identified them by name. A total of 90 interviews were completed at the time of the final report. A total of 7350 participants from the initial sample provided usable mailing addresses and were mailed surveys (n=1050 per region)

MO HealthNet participants in the study sample were contacted via telephone by trained research staff and administered a modified version of the CAHPS fee-for-service Medicaid Survey. Upon completion, a \$5 incentive gift-card was mailed to participants. Once the extensiveness of wrong telephone numbers was identified, the telephone interviews were augmented with mailed surveys to participants in one region in order to obtain a sufficient return to produce a preliminary report. The mailed surveys yielded a higher response rate, so this method was used in Phase II to reach more participants, but was limited in its success by the inaccuracy of available addresses. 7350 surveys were mailed to participants, and 1201 surveys were completed and returned. The overall response rate for the participant survey was 17.6% statewide. There was some variation in response rate by region, from a low of 9.5% in the Southeast Region to a high of 26.2% in the Northeast Region

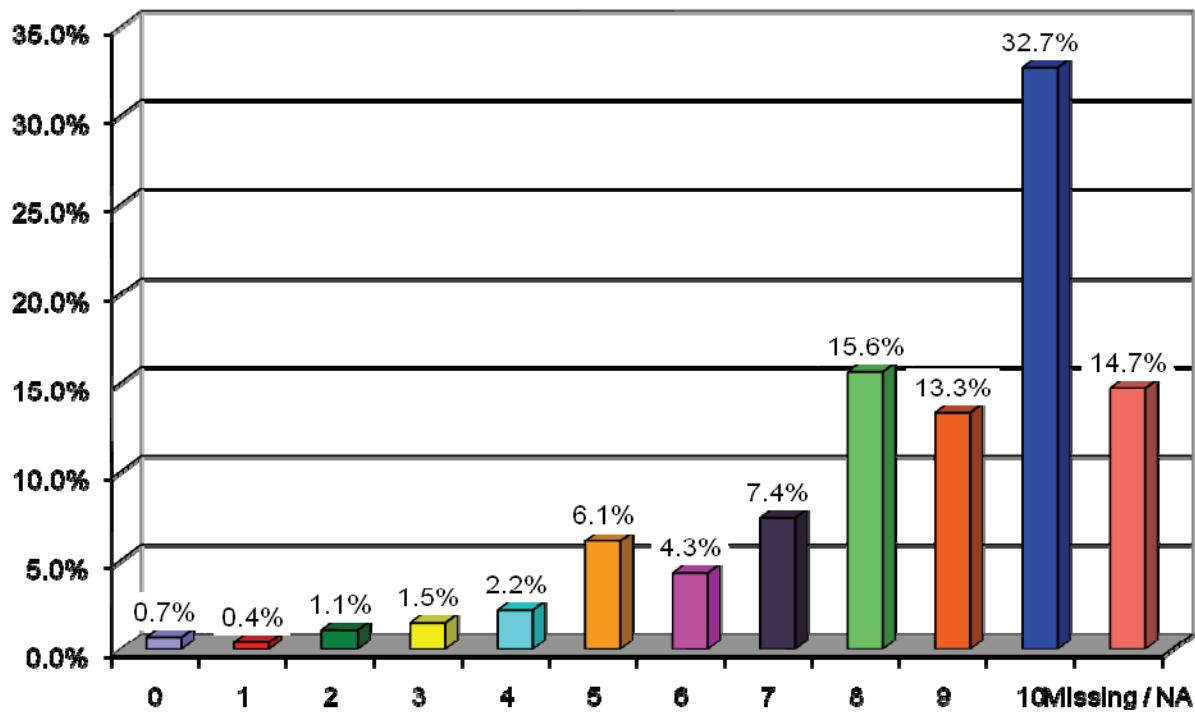
The participant sample included identification by geographic region consisting of Missouri counties according to the Missouri Department of Health and Senior Services regions (Central, Kansas City Metro, Northwest, Northeast, Southwest, Southeast, St. Louis Metro). In addition, the sample was divided into non-elderly adults, elderly adults, blind adults, and disabled adults.

Most participants surveyed had been MO HealthNet participants for five years or more and were women aged 25 and older. Most had completed high school or obtained a GED. The Phase I report noted that the majority of respondents were women between the ages of 25 and 34 who resided in the St. Louis and metropolitan areas. The larger sample included in the Phase II results is more evenly distributed; participants range in age from 25 to 75 or older, and live in all areas of the state. Overall, survey respondents rated their health as fair (36.6%) or good (27.8%)¹¹.

¹¹ Question 32, "In general, how would you rate your overall health now"

Participants surveyed generally reported they were satisfied with the care they received from their MO HealthNet providers. Nearly 62% of respondents rated their health care in the prior six months an “8” or better, on a 10-point scale, with 10 representing the best possible health care.¹²

Q25. Using any number from 0 to 10, where 0 is the worst possible health care and 10 is the best, what number would you use to rate all your health care in the last 6 months



Most of the participants surveyed indicated they had one person they thought of as their personal physician or nurse (85.4%)¹³, and reported that they generally did not have any problems getting a doctor or nurse they were happy with (75.8%)¹⁴. Sixty-six percent of participants responding to the survey reported they were always treated with courtesy and respect by the staff of the doctor’s office or clinic that treated them¹⁵, and 53.6% reported that their doctors or health care providers always explained things in a way the participant could understand¹⁶.

¹² Question 25, “Using any number from 0 to 10, where 0 is the worst possible health care and 10 is the best, what number would you use to rate all your health care in the last 6 months”

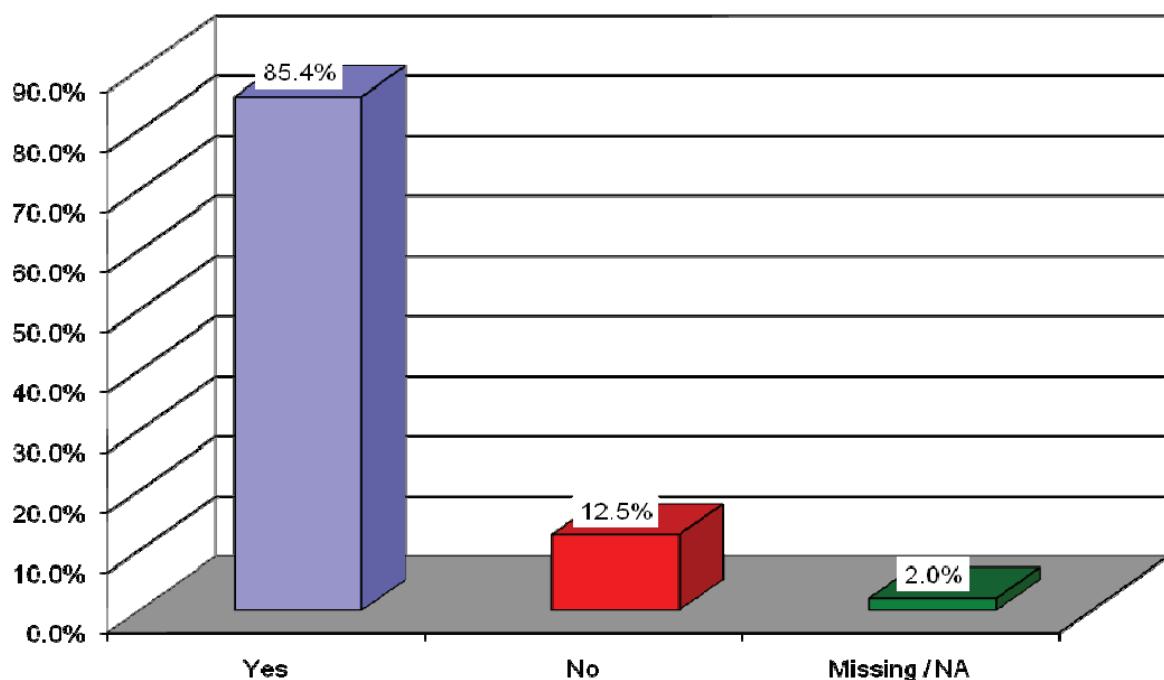
¹³ Question 3, “Do you have one person you think of as your personal doctor or nurse”

¹⁴ Question 4, “Since you became a MO HealthNet participant, how much of a problem , if any was it to get a personal doctor or nurse you are happy with”

¹⁵ Question 21, “In the last 6 months, how often did office staff at a doctor’s office or clinic treat you with courtesy and respect”

¹⁶ Question 23, “In the last 6 months, how often did doctors or other health providers explain things in a way you could understand”

Q3. Do you have one person you think of as your personal doctor or nurse:



A majority of participants (60.1%) surveyed reported they had called a doctor's office or clinic to get help or advice for themselves in the past six months¹⁷, and 36.5% of those individuals reported they always got the help or advice they needed when they called¹⁸. Twenty-seven percent of respondents reported they were always able to get needed care right away during the previous six months¹⁹. Nearly 63% of participants reported that they did not go to the emergency room at all during the prior 6 months to get care²⁰. However, 17.6% responded that they went to the emergency room two or more times in a six month period to get care²¹. Most of the participants surveyed (82.3%) had gone to a doctor's office to receive care during the prior six months, with 47% reporting they had gone to the doctor's office to get care three or more times during a six month period²².

Only 19.4% of survey respondents reported calling MO HealthNet's participant services hotline to get information or help during the prior six months²³, and only 13.5% reported trying to find information about how MO HealthNet works in written materials or on the internet²⁴.

¹⁷ Question 8, "In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself"

¹⁸ Question 9: "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed"

¹⁹ Question 11, "In the last 6 months, when you needed care right away how often did you get care as soon as you wanted"

²⁰ Question 14, "In the last 6 months, how many times did you go to an emergency room to get care for yourself."

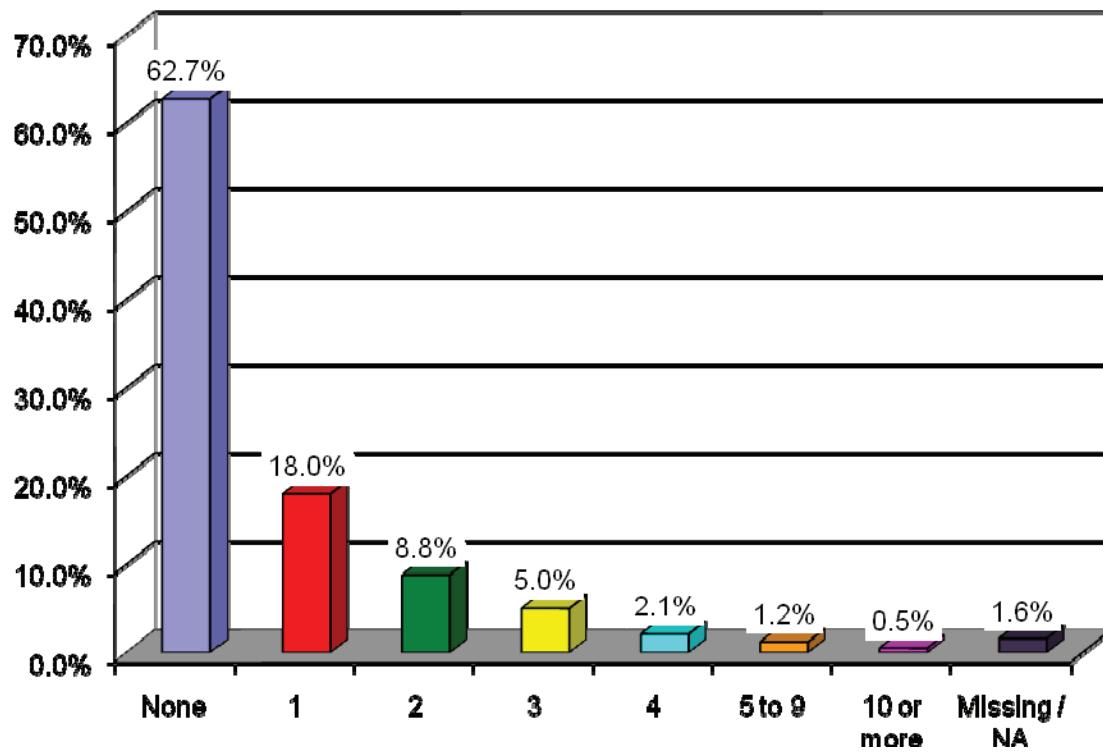
²¹ *Ibid*

²² Question 15, "In the last 6 months, how many times did you go to a doctor's office or clinic to get care for yourself"

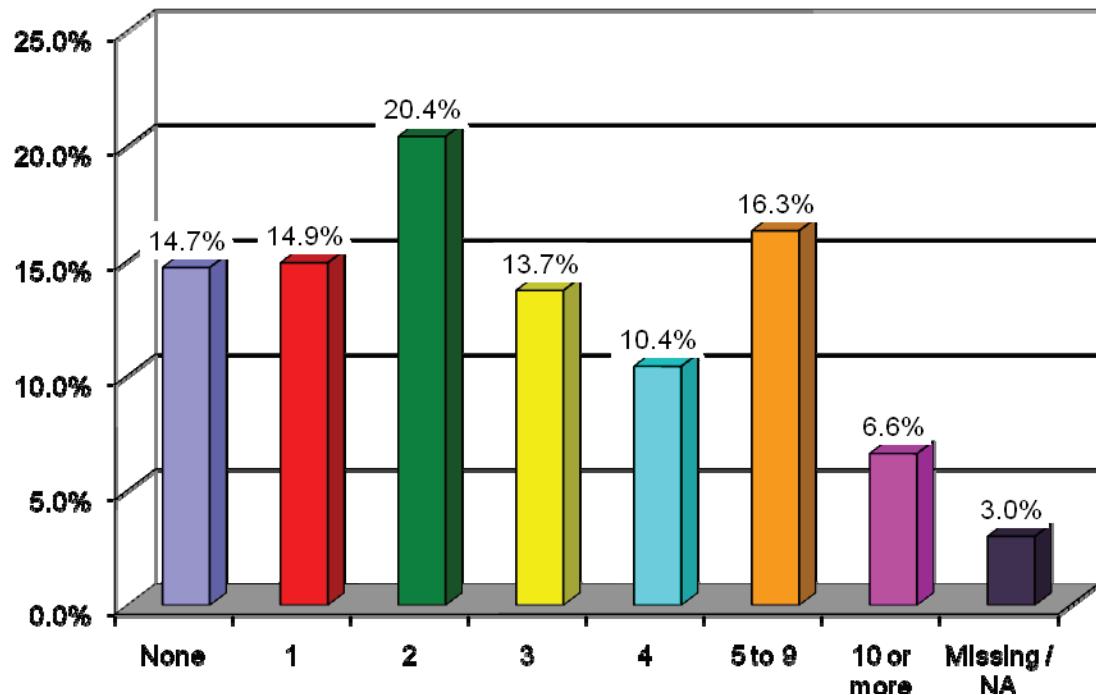
²³ Question 28, "In the last 6 months, did you call MO HealthNet's participant services to get information or help"

²⁴ Question 26, "In the last 6 months, did you look for any information about how MO HealthNet works in written material or on the internet"

Q14. In the last 6 months, how many times did you go to an emergency room to get care for yourself:



Q15. In the last 6 months, how many times did you go to a doctor's office or clinic to get care for yourself:



Physician Satisfaction Survey

A sample of 1080 physician providers was also selected to participate in a satisfaction survey. Surveys were mailed to physicians, who must have filed at least one MO HealthNet claim between January 1, 2008, and June 30, 2008. A total of 396 physician surveys or interviews were successfully conducted at the time of the final report. Physicians in the study sample were mailed a packet that contains a cover letter, a provider survey, and a self-addressed stamped return survey envelope for returning the survey. The response rate for the mailed surveys was only 1.8%, so phone calls were made to physician offices to encourage participation. The physician survey was based on a survey instrument used by the research team in prior research. The overall response rate to the mail and telephone surveys was 36.7% statewide. There was a great deal of regional variation in the response rate, from a low of 10.6% in the Northwest Region, to a high of 55% in the Southwest Region.

The Provider Satisfaction Survey asked questions in six general areas: Provider Relations Representatives, Communication and Information, Coverage and Authorization Process, Prescription Coverage and Authorization, Claims and Reimbursement, and Web-based tools.

The majority (55.3%) of survey respondents rated MO HealthNet “good” or higher, overall, in meeting their needs²⁵. Fifty-five percent of respondents had provided care to MO HealthNet participants for 16 years or more²⁶, and worked in practices with only one physician (68.2%)²⁷. Fifty-six percent of respondents reported that MO HealthNet participants made up 25% or less of the patients they cared for²⁸, and 69% indicated they would be open to caring for additional MO HealthNet participants²⁹.

²⁵ Question 23, “How would you rate MO HealthNet, overall, in meeting your needs”

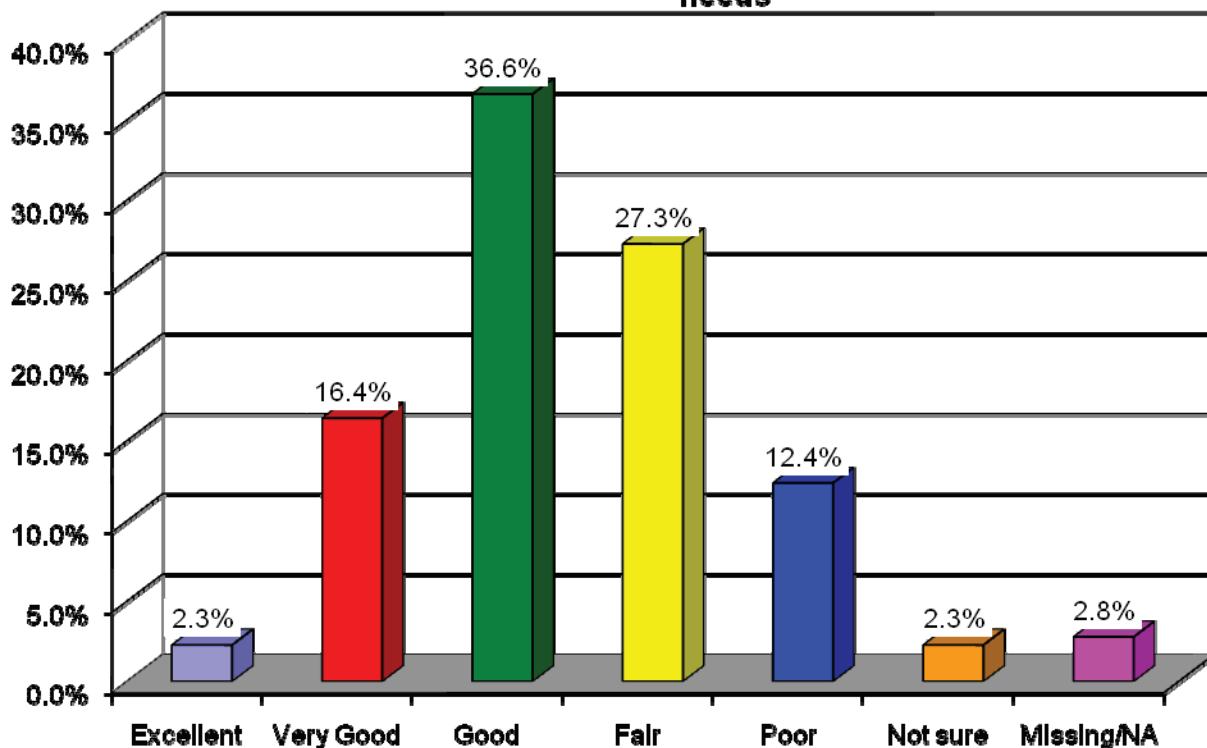
²⁶ Question 27, “Approximately how many years have you been providing care to MO HealthNet patients”

²⁷ Question 26, “Number of physicians in your practice”

²⁸ Question 28, “What proportion of your patients are covered by MO HealthNet”

²⁹ Question 29, “Is your practice open to enrolling additional MO HealthNet patients”

Q23. How would you rate MO HealthNet overall in meeting your needs



Survey respondents generally reported satisfaction with provider relations representatives, with 32.2% of respondents rating their overall satisfaction as "good" and 26.8% rated their overall satisfaction as "very good" or "excellent."³⁰ Providers did note some concerns with their ability to contact MO HealthNet representatives, with 24.2% indicating "poor" and 25.3% indicating "fair" in response a question asking about their ability to contact provider relations representatives by telephone³¹.

Results were similar in the area of communication and information, with 61.1% reporting that the overall quality of provider enrollment was good, very good, or excellent³², and 64.9% reporting that the overall quality of communications from MO HealthNet was good, very good, or excellent³³. Providers did note concerns with the choice of specialists available, with 39.6% reporting the choice of specialists available to MO HealthNet participants as "fair" or "poor."³⁴

³⁰ Question 1, "Overall satisfaction with the representative reached by telephone"

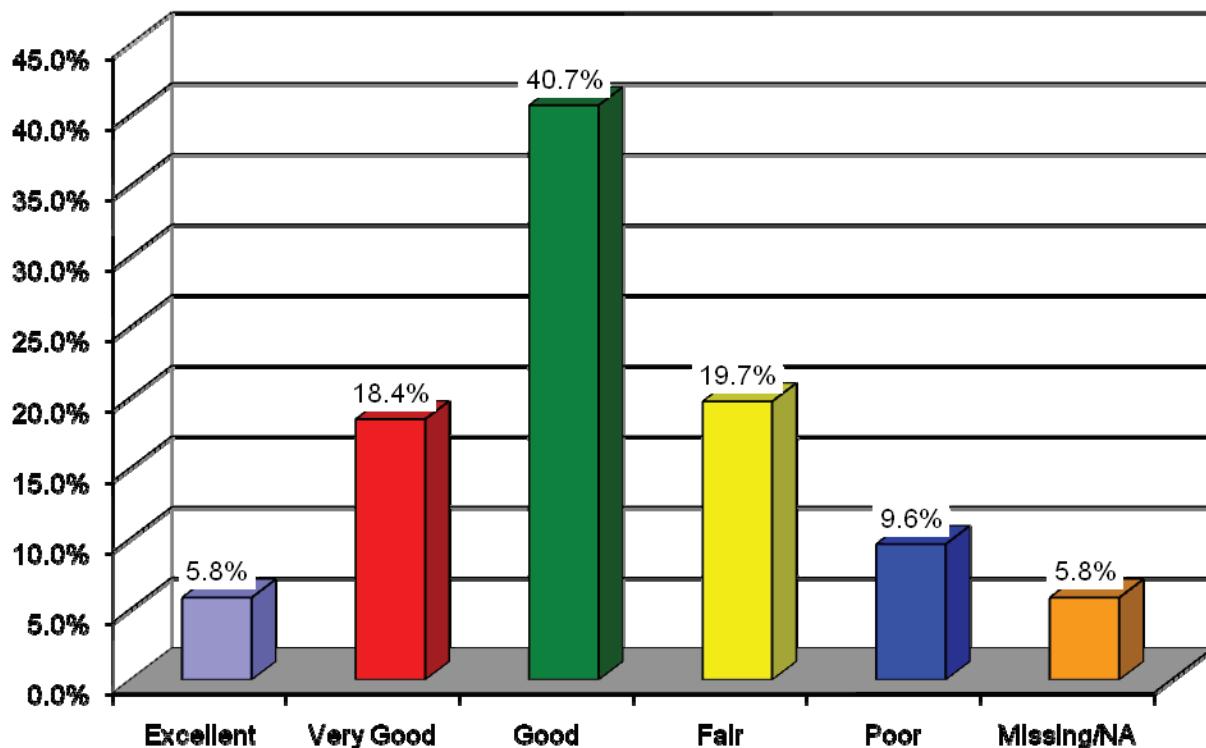
³¹ Question 2, "Ability to reach representative by phone"

³² Question 5, "Overall quality of provider enrollment process"

³³ Question 6, "Overall quality of communications from MO HealthNet"

³⁴ Question 8, "Choice of specialists available"

Q6. Overall quality of communications from MO HealthNet



Several questions on the survey asked providers about their satisfaction with the coverage and authorization process for both medical procedures and prescription drugs. The majority of responses to these questions rated the process for prior authorization as “good” or “fair.” Provider responses rated MO HealthNet participants as “fair” in their frequency in keeping appointments (30.3%)³⁵, and rated MO HealthNet “good” in providing an easy-to use preferred drug list (34.3%)³⁶.

Providers surveyed generally rated the accuracy of claims processing and the turnaround time for claims processing “good,” but had a somewhat less favorable rating for questions regarding the timeliness of processing resubmitted claims and responding to appeals, rating both of these questions “fair.” The majority of providers responding to the survey rated MO HealthNet’s reimbursement rates for services provided as “poor” (43.9%)³⁷.

The majority of providers responding to this survey indicated they had internet access at their office (92.4%)³⁸. However, many respondents indicated they didn’t make use of many of the web-based tools available from the Division. Providers indicated that, if available, they would use a web-based tool to review participant eligibility, detailed explanations of payment, and detailed information about pended and denied claims.

³⁵ Question 12, “Frequency of MO HealthNet members “keeping appointments””

³⁶ Question 13, “Providing an easy-to-use Preferred Drug List”

³⁷ Question 20, “Reimbursement rates for services you provide”

³⁸ Question 21, “Do you have internet access at this office”

Managed Care Participant Satisfaction

Managed care plans operating in Missouri are required to submit data, including member satisfaction information, on an annual basis to the Department of Health and Senior Services.³⁹ MO HealthNet currently contracts with six managed care plans to provide health care services to children and their parents in three regions of the state along the I-70 corridor. MO HealthNet managed care participants are asked to rate their satisfaction with their managed care plan based on nine categories: getting needed care, getting care quickly, courteous and helpful staff, how well doctors communicate, customer service, rating of doctor, rating of specialist, rating of health care, and rating of plan. MO HealthNet managed care participants' satisfaction was classified as "average" for most of these categories in 2007.⁴⁰

³⁹ Section 192.068, RSMo. The source of the data discussed in this section is complied by the Missouri Department of Health and Senior Services, Bureau of Health Informatics.

⁴⁰ Missouri Department of Health and Senior Services. 2008 Consumers Guides to Managed Care in Missouri. Available at: http://www.dhss.mo.gov/ManagedCare/data_research2008.htm. Accessed December 12, 2008.

Appendix A: Disease Specific Outcome Measures

Asthma

- Percent of participants with Asthma who are treated with inhaled corticosteroid medications.

Chronic Obstructive Pulmonary Disease (COPD)

- Percent of participants with COPD who are treated with inhaled bronchodilator medications.

Cardiovascular Disease (includes Coronary Artery Disease)

- Percent of participants with Coronary Artery Disease who are treated with statin medications

Congestive Heart Failure (CHF)

- Percent of participants with CHF who are treated with an ARB or an ACE inhibitor
- Percent of participants with CHF who are treated with beta blockers approved for heart failure

Diabetes

- Percent of participants with diabetes mellitus who had at least two A1c measurements within the past 12 months
- Percent of participants with diabetes mellitus who had at least one lipid profile measured within the past 12 months
- Percent of participants with diabetes mellitus who had a dilated retinal exam within the past 12 months
- Percent of participants with diabetes mellitus who had a urinary microalbumin measurement within the past 12 months

Appendix B: Disease Specific Outcome Results

Asthma

Number of Participants*, Number and Percent with Asthma and Number and Percent Treated with Inhaled Corticosteroid Medications

Categories by: Total, Age, Gender, Race and Region	Number Participants Age 5- 56**	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	718,570	14,115	2.0	8,750	62.0
Age					
5 to 9	154,084	2,152	1.4	1,040	48.3
10 to 17	206,055	2,665	1.3	1,529	57.4
18 to 56	358,431	9,298	2.6	6,181	66.5
Gender					
Male	299,140	5,449	1.8	3,266	59.9
Female	419,430	8,666	2.1	5,484	63.3
Race					
White	488,180	11,743	2.4	7,044	60.0
Black	203,984	1,997	1.0	1,469	73.6
Other	26,406	375	1.4	237	63.2
Region					
Northwest Region	24,156	655	2.7	379	57.9
Northeast Region	27,709	693	2.5	437	63.1
Kansas City Metro					
Region	113,919	1,477	1.3	1,052	71.2
Central Region	73,589	1,211	1.6	746	61.6
St. Louis Metro					
Region	207,648	1,786	0.9	1,267	70.9
Southwest Region	98,757	3,359	3.4	1,835	54.6
Southeast Region	88,434	3,203	3.6	1,971	61.5
Total Missouri	718,570	14,115	2.0	8,750	62.0

*Participants: Number of Continuously Enrolled MO HealthNet Recipients Age 5-56

with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

**Asthma and treatments defined according to HEDIS 2008 methods limiting ages to 5-56.

COPD

Percent of participants* with COPD in SFY07 who were treated with inhaled bronchodilator medications during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	984,397	43,642	4.4	22,280	51.1
Age					
<21	565,590	734	0.1	390	53.1
21-64	310,811	25,212	8.1	14,837	58.8
65 & older	107,996	17,696	16.4	7,053	39.9
Gender					
Male	405,805	16,291	4.0	7,862	48.3
Female	578,592	27,351	4.7	14,418	52.7
Race					
White	693,429	36,877	5.3	19,044	51.6
Black	254,109	5,433	2.1	2,475	45.6
Other	36,859	1,332	3.6	761	57.1
Region					
Northwest Region	35,108	2,018	5.7	902	44.7
Northeast Region	41,453	2,612	6.3	1,324	50.7
Kansas City Metro					
Region	149,699	4,422	3.0	2,112	47.8
Central Region	100,313	4,535	4.5	2,364	52.1
St. Louis Metro					
Region	268,400	7,767	2.9	3,699	47.6
Southwest Region	142,288	7,116	5.0	3,762	52.9
Southeast Region	130,379	10,176	7.8	5,575	54.8
Total Missouri	984,397	43,642	4.4	22,280	51.1

*Participants: Number of Continuously Enrolled MO HealthNet Recipients with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Congestive Heart Failure

Percent of participants* with congestive heart failure in SFY07 who are treated with an ARB or an ACE inhibitor during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	984,397	24,189	2.5	8,205	33.9
Age					
<21	565,590	124	0.02	36	29.0
21-64	310,811	9,975	3.2	4,479	44.9
65 & older	107,996	14,090	13.0	3,690	26.2
Gender					
Male	405,805	8,099	2.0	2,962	36.6
Female	578,592	16,090	2.8	5,243	32.6
Race					
White	693,429	18,278	2.6	5,899	32.3
Black	254,109	5,140	2.0	1,990	38.7
Other	36,859	771	2.1	316	41.0
Region					
Northwest Region	35,108	913	2.6	279	30.6
Northeast Region	41,453	1,392	3.4	426	30.6
Kansas City Metro					
Region	149,699	2,423	1.6	786	32.4
Central Region	100,313	2,483	2.5	851	34.3
St. Louis Metro					
Region	268,400	6,402	2.4	2,096	32.7
Southwest Region	142,288	3,190	2.2	1,082	33.9
Southeast Region	130,379	4,672	3.6	1,750	37.5
Total Missouri	984,397	24,189	2.5	8,205	33.9

*Participants: Number of Continuously Enrolled MO HealthNet Recipients with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Congestive Heart Failure

Percent of participants* with congestive heart failure in SFY07 were treated with beta blockers approved for heart failure during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	984,397	24,189	2.5	8,248	34.1
Age					
<21	565,590	124	0.02	16	12.9
21-64	310,811	9,975	3.2	4,617	46.3
65 & older	107,996	14,090	13.0	3,615	25.7
Gender					
Male	405,805	8,099	2.0	3,338	41.2
Female	578,592	16,090	2.8	4,910	30.5
Race					
White	693,429	18,278	2.6	5,875	32.1
Black	254,109	5,140	2.0	2,070	40.3
Other	36,859	771	2.1	303	39.3
Region					
Northwest Region	35,108	913	2.6	269	29.5
Northeast Region	41,453	1,392	3.4	469	33.7
Kansas City Metro					
Region	149,699	2,423	1.6	816	33.6
Central Region	100,313	2,483	2.5	838	33.7
St. Louis Metro					
Region	268,400	6,402	2.4	2,121	33.1
Southwest Region	142,288	3,190	2.2	1,063	33.3
Southeast Region	130,379	4,672	3.6	1,780	38.1
Total Missouri	984,397	24,189	2.5	8,248	34.1

*Participants: Number of Continuously Enrolled MO HealthNet Recipients with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Coronary Artery Disease

Percent of participants* with Coronary Artery Disease in SFY07 who were treated with statin medications during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	984,397	29,513	3.0	11,720	39.7
Age					
<21	565,590	76	0.01	1	1.3
21-64	310,811	13,470	4.3	6,743	50.1
65 & older	107,996	15,967	14.8	4,976	31.2
Gender					
Male	405,805	11,711	2.9	4,985	42.6
Female	578,592	17,802	3.1	6,735	37.8
Race					
White	693,429	23,447	3.4	9,558	40.8
Black	254,109	4,919	1.9	1,637	33.3
Other	36,859	1,147	3.1	525	45.8
Region					
Northwest Region	35,108	1,189	3.4	457	38.4
Northeast Region	41,453	1,394	3.4	536	38.5
Kansas City Metro					
Region	149,699	2,594	1.7	985	38.0
Central Region	100,313	3,406	3.4	1,420	41.7
St. Louis Metro					
Region	268,400	7,049	2.6	2,252	31.9
Southwest Region	142,288	4,042	2.8	1,680	41.6
Southeast Region	130,379	6,634	5.1	3,116	47.0
Total Missouri	984,397	29,513	3.0	11,720	39.7

*Participants: Number of Continuously Enrolled MO HealthNet Recipients with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Diabetes mellitus

Percent of participants* with diabetes mellitus in SFY07 who had at least two HbA1c measurements during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	446,063	28,306	6.3	6,507	23.0
Age					
<21	68,905	166	0.2	27	16.3
21-64	328,876	21,304	6.5	5,841	27.4
65 & older	48,282	6,836	14.2	639	9.3
Gender					
Male	147,904	10,089	6.8	2,255	22.4
Female	298,159	18,217	6.1	4,252	23.3
Race					
White	318,345	21,052	6.6	4,648	22.1
Black	108,903	5,899	5.4	1,491	25.3
Other	18,815	1,355	7.2	368	27.2
Region					
Northwest Region	15,966	1,119	7.0	252	22.5
Northeast Region	18,848	1,416	7.5	294	20.8
Kansas City Metro					
Region	64,206	3,034	4.7	741	24.4
Central Region	45,893	3,050	6.6	636	20.9
St. Louis Metro					
Region	120,949	6,205	5.1	1,691	27.3
Southwest Region	63,843	4,443	7.0	950	21.4
Southeast Region	63,622	5,786	9.1	1,234	21.3
Total Missouri	446,063	28,306	6.3	6,507	23.0

*Participants: Number of Continuously Enrolled MO HealthNet Recipients Age 18-75 with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Diabetes mellitus

Percent of participants* with diabetes mellitus in SFY07 who had a lipid profile during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	446,063	28,306	6.3	7,432	26.3
Age					
<21	68,905	166	0.2	34	20.5
21-64	328,876	21,304	6.5	6,656	31.2
65 & older	48,282	6,836	14.2	742	10.9
Gender					
Male	147,904	10,089	6.8	2,593	25.7
Female	298,159	18,217	6.1	4,839	26.6
Race					
White	318,345	21,052	6.6	5,303	25.2
Black	108,903	5,899	5.4	1,704	28.9
Other	18,815	1,355	7.2	425	31.4
Region					
Northwest Region	15,966	1,119	7.0	310	27.7
Northeast Region	18,848	1,416	7.5	344	24.3
Kansas City Metro					
Region	64,206	3,034	4.7	806	26.6
Central Region	45,893	3,050	6.6	736	24.1
St. Louis Metro					
Region	120,949	6,205	5.1	2,045	33.0
Southwest Region	63,843	4,443	7.0	1,148	25.8
Southeast Region	63,622	5,786	9.1	1,243	21.5
Total Missouri	446,063	28,306	6.3	7,432	26.3

*Participants: Number of Continuously Enrolled MO HealthNet Recipients Age 18-75 with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Diabetes mellitus

Percent of participants* with diabetes mellitus in SFY07 who had at least one urinary microalbumin during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	446,063	28,306	6.3	3,762	13.3
Age					
<21	68,905	166	0.2	24	14.5
21-64	328,876	21,304	6.5	3,415	16.0
65 & older	48,282	6,836	14.2	323	4.7
Gender					
Male	147,904	10,089	6.8	1,230	12.2
Female	298,159	18,217	6.1	2,532	13.9
Race					
White	318,345	21,052	6.6	2,618	12.4
Black	108,903	5,899	5.4	902	15.3
Other	18,815	1,355	7.2	242	17.9
Region					
Northwest Region	15,966	1,119	7.0	167	14.9
Northeast Region	18,848	1,416	7.5	148	10.5
Kansas City Metro					
Region	64,206	3,034	4.7	397	13.1
Central Region	45,893	3,050	6.6	399	13.1
St. Louis Metro					
Region	120,949	6,205	5.1	991	16.0
Southwest Region	63,843	4,443	7.0	622	14.0
Southeast Region	63,622	5,786	9.1	643	11.1
Total Missouri	446,063	28,306	6.3	3,762	13.3

*Participants: Number of Continuously Enrolled MO HealthNet Recipients Age 18-75 with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Diabetes mellitus

Percent of participants* with diabetes in SFY07 who had a dilated retinal exam during the measurement year (SFY08).

Categories by: Total, Age, Gender, Race and Region	Number Participants	Participants with Condition		Participants Receiving Specified Treatment	
		Number	Percent	Number	Percent
Total Missouri	446,063	28,306	6.3	5,007	17.7
Age					
<21	68,905	166	0.2	28	16.9
21-64	328,876	21,304	6.5	4,404	20.7
65 & older	48,282	6,836	14.2	575	8.4
Gender					
Male	147,904	10,089	6.8	1,596	15.8
Female	298,159	18,217	6.1	3,411	18.7
Race					
White	318,345	21,052	6.6	3,366	16.0
Black	108,903	5,899	5.4	1,342	22.7
Other	18,815	1,355	7.2	299	22.1
Region					
Northwest Region	15,966	1,119	7.0	190	17.0
Northeast Region	18,848	1,416	7.5	241	17.0
Kansas City Metro					
Region	64,206	3,034	4.7	708	23.3
Central Region	45,893	3,050	6.6	484	15.9
St. Louis Metro					
Region	120,949	6,205	5.1	1,284	20.7
Southwest Region	63,843	4,443	7.0	648	14.6
Southeast Region	63,622	5,786	9.1	876	15.1
Total Missouri	446,063	28,306	6.3	5,007	17.7

*Participants: Number of Continuously Enrolled MO HealthNet Recipients Age 18-75 with One or More Paid Fee-for-Service Claim During SFY08. Continuous enrollment is no more than one gap in eligibility (for no more than 45 days).

Appendix C: Measurement Methods by Condition

Methods for defining conditions and overall treatment measurement protocols

Condition: Asthma

Defined: Fee for Service Participants were identified as having persistent asthma if they met at least one of the following criteria during the measurement year and the year prior to the measurement year.

At least one ED visit with asthma as the principal diagnosis (ICD9)

At least one claim record with a diagnosis field which equals 493xx and a procedure code in the range of 99281-99285 and region not equal to 60 or 90 (i.e., fee for service)

At least one acute inpatient discharge with asthma as the principal diagnosis

At least one claim record with a diagnosis field which equals 493xx and a procedure code in the range of 99221-99291 and region not equal to 60 or 90 (i.e., fee for service)

At least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events

At least 4 claim records (different dates of service) with a diagnosis field which equals 493xx and a procedure code in the range of 99201-99205 or 99211-99215 or 99217-99220 or 99241-99245 or 99341-99350 or 99382-99386 or 99392-99396 or 99401-99404 or 99411 or 99412, 99420, 99429 or 99499 and region not equal to 60 or 90 (i.e., fee for service)

And at least 2 claim records (different dates of service) with a Asthma NDC code defined in Appendix G and a region not equal to 60 or 90 (i.e., fee for service)

At least four asthma medication dispensing events.

At least 4 claim records (different dates of service) with a Asthma NDC code that are defined in Appendix G and a region not equal to 60 or 90 (i.e., fee for service)

Additional Restraints:

Participants must be between the ages of 5 and 56 (anchor date of 06/30/2008)

Participants must not have more than one gap of service

totaling 45 days

Treatments:

Inhaled Corticosteroids:

Must be a participant diagnosed with Asthma (see definition above)

Inhaled Corticosteroid prescribed on or after date of diagnosis. See Appendix G for list of NDC codes for Inhaled Corticosteroids.

The claim record has a region not equal to 60 or 90 (i.e., fee for service)

Condition: COPD

Fee for Service Participants were identified as having COPD if they met the following criteria during year prior to the measurement year.

Defined:

At least one claim record with a diagnosis field which equals 491xx or 492xx or 496xx.

Region not equal to 60 or 90 (i.e., fee for service)

Additional Restraints:

Participants must not have more than one gap of service totaling 45 days

Treatments:

Inhaled Bronchodilators:

Must be a participant diagnosed with COPD (see definition above)

Inhaled Bronchodilator prescribed on or after date of diagnosis. See Appendix G for list of NDC codes for Inhaled Bronchodilators.

The claim record has a region not equal to 60 or 90 (i.e., fee for service)

Condition: Congestive Heart Failure

Fee for Service Participants were identified as having Congestive Heart Failure if they met the following criteria prior to the measurement year.

Defined: At least one claim record with a diagnosis field which equals 40201 or 40211 or 40291 or 40401 or 40403 or 40411 or 40413 or 40491 or 40493 or 42820-42823 or 4281x or 4282x or 4298x
Region not equal to 60 or 90 (i.e., fee for service)

Additional Restraints:

Participants must not have more than one gap of service totaling 45 days

Treatments:**ARB or ACE Inhibitor:**

Must be a participant diagnosed with Congestive Heart Failure (see definition above)

ARB or ACE Inhibitor prescribed on or after date of diagnosis. See Appendix G for list of NDC codes for ARB or ACE.

The claim record has a region not equal to 60 or 90 (i.e., fee for service)

Beta Blockers:

Must be a participant diagnosed with Congestive Heart Failure (see definition above)

Beta Blocker prescribed on or after date of diagnosis. See Appendix G for list of NDC codes for Beta Blockers.

The claim record has a region not equal to 60 or 90 (i.e., fee for service)

Condition: Coronary Artery Disease

Fee for Service Participants were identified as having Coronary Artery Disease if they met the following criteria prior to the measurement year:

Defined:

At least one claim record with a diagnosis field which equals 41000-41002 or 41010-41012 or 41020-41022 or 41030 or 41031 or 41033 or 41040-41042 or 41050-41052 or 41060-41062 or 41070 - 41072 or 41080-41082 or 41090-41092 or 41100 or 41110 or 41181 or 41189 or 41200 or 41300 or 41310 or 41390 or 41400-41407 or 41480 or 41490 or 42920

Region not equal to 60 or 90 (i.e., fee for service)

Additional Restraints:

Participants must not have more than one gap of service totaling 45 days

Treatments:

Statins:

Must be a participant diagnosed with Coronary Artery Disease (see definition above)

A statin prescribed on or after date of diagnosis. See Appendix G for list of NDC codes for Statin.

The claim record has a region not equal to 60 or 90 (i.e., fee for service)

Condition: Diabetes

Fee for Service Participants were identified as having diabetes mellitus if they met at least one of the following criteria prior to the measurement year.

Defined: Dispensed insulin or oral hypoglycemics/antihyperglycemics At least claim record with an insulin or hypoglycemics NDC code as defined in Appendix G - Insulin Tab and region not equal to 60 or 90.

At least two face-to-face encounters (different dates of service) with a diagnosis of diabetes in an outpatient or non-acute inpatient setting

At least two claim records (different dates of service) with a diagnosis field which equals 250xx, 3572x, 3620x, 36201, 36202, or 36641, which a claim type <> 'I' (inpatient) and a procedure code in the ranges of 92002-92014 or 99201-99205 or 992011-99215 or 99217-99220 or 99241-99245 or 99341-99345 or 99347-99350 or 99384-99387 or 99394-99397 or 99401-99404 or 99411 or or 99412 or 99429 or 99455 or 99456 or 99499 and region not equal to 60 or 90.

Or at least two records (different dates of service) with a diagnosis field which equals 250xx, 3572x, 3620x, 3601, 36202, 36641 with a claim type of I (inpatient) and a procedure code in the ranges of 99301-99313 or 99318, 99321-99328 or 99331-99337 and region not equal to 60 or 90.

One fact to face encounter in an acute inpatient or ED setting

At least one claim record with a diagnosis field which equals 250xx, 3572x, 3620x, 36201, 36202, or 36641 with a claim type of Inpatient and a procedure code in the range of 99221-99223 or 99231-99233 or 99238 or 99239 or 99251-99255 or 99261-99263 or 99291 and region not equal to 60 or 90.

Additional Restraints:

Participants must be between the ages of 18 and 75 (anchor date of 06/30/2008)

Participants must not have more then one gap of service totaling 45 days

Region not equal to 60 or 90 (i.e., Fee for Service)

Treatments:

HbA1c:

Must be a participant diagnosed with Diabetes (see definition above)

HbA1c procedure occurred on or after date of diagnosis.

HbA1c defined as a procedure code of 83036 or 83037

Region not equal to 60 or 90 (i.e., Fee for Service)

Lipid:

Must be a participant diagnosed with Diabetes (see definition above)

Lipid procedure occurred on or after date of diagnosis.

Lipid defined as a procedure code of 80061 or 83700 or 83701 or 83704 or 83715 or 83716 or 83721

Region not equal to 60 or 90 (i.e., Fee for Service)

Dilated Retinal Exam (DRE):

Must be a participant diagnosed with Diabetes (see definition above)

DRE procedure occurred on or after date of diagnosis.

DRE defined as a procedure code of 67028 or 67030 or 67031 or 67036 or 67038-67040 or 67101 or 67105 or 67107 or 67108 or 67110 or 67112 or 67121 or 67141 or 67145 or 67208 or 67210 or 67218 or 67220 or 67221 or 67227 or 67228 or 92002 or 92004 or 92012 or 92014 or 92018 or 92019 or 92225 or 92226 or 92230 or 92235 or 92240 or 92250 or 92260

or DRE can be defined as a claim record with a provider type of 31 with a specialty code of 18 and a procedure code in the range of 99203-99205 or 99213-99215 or 99242-99245.

Region not equal to 60 or 90 (ie, Fee for Service)

Urinary Microalbumin (UM):

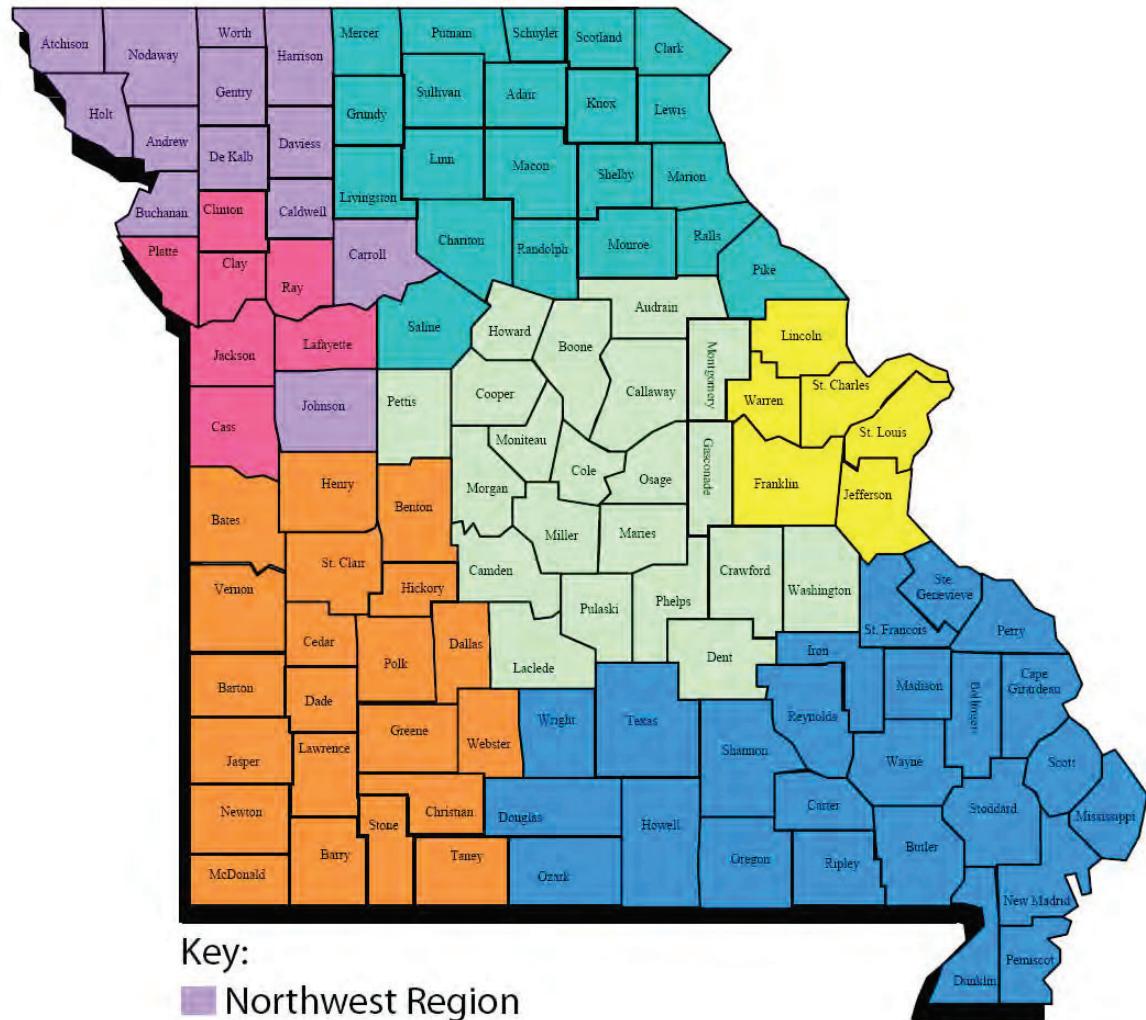
Must be a participant diagnosed with Diabetes (see definition above)

UM procedure occurred on or after date of diagnosis.

UM defined as a procedure code of 82042-82044 or 84156

Region not equal to 60 or 90 (i.e., Fee for Service)

Appendix D: Behavioral Risk Factor Surveillance System Regions



Key:

- Northwest Region
 - Northeast Region
 - Kansas City Metro Region
 - Central Region
 - St. Louis Metro Region
 - Southwest Region
 - Southeast Region

Appendix E: Satisfaction Survey Results - Summary

MO HealthNet Participant Satisfaction

Question Number	Question Text	Response Options	Frequencies
			n %
Introduction			
Q1	We understand that you have been a part of MO HealthNet – Is that correct?	Missing / NA Yes No	10 0.8% 1258 97.4% 23 1.8%
Q2	How many months or years in a row have been a MO HealthNet participant:	Missing / NA Less than 6 months 6 months to <1 year 1 year to <2 years 2 years to <5 years 5 or more years	42 3.3% 47 3.6% 93 7.2% 203 15.7% 281 21.8% 625 48.4%
Your Personal Doctor or Nurse			
Q3	Do you have one person you think of as your personal doctor or nurse:	Missing / NA Yes No	26 2.0% 1103 85.4% 162 12.5%
Q4	Since you became a MO HealthNet participant, how much of a problem, if any was it to get a personal doctor or nurse you are happy with:	Missing / NA A big problem A small problem Not a problem	32 2.5% 117 9.1% 163 12.6% 978 75.8%
Getting Health Care From a Specialist			
Q5	In the last 6 months, did you or a doctor think you needed to see a specialist:	Missing / NA Yes No	45 3.5% 631 48.9% 615 47.6%
Q6	In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see:	Missing / NA A big problem A small problem Not a problem	643 49.8% 84 6.5% 97 7.5% 467 36.2%
Q7	In the last 6 months, did you see a specialist:	Missing / NA Yes No	31 2.4% 610 47.3% 650 50.3%
Your Health Care in the Last 6 Months			
Q8	In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself:	Missing / NA Yes No	39 3.0% 776 60.1% 476 36.9%
Q9	In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed:	Missing / NA Never Sometimes Usually Always	490 38.0% 29 2.2% 101 7.8% 198 15.3% 471 36.5%

Question Number	Question Text	Response Options	Frequencies
			n %
Your Healthcare in the Last 6 Months			
Q10	In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office:	Missing / NA Yes No	43 3.3% 592 45.9% 656 50.8%
Q11	In the last 6 months, when you needed care right away, how often did you get care as soon as you wanted:	Missing / NA Never Sometimes Usually Always	677 52.4% 26 2.0% 73 5.7% 162 12.5% 352 27.3%
Q12	In the last 6 months, did you make any appointments with a doctor or other health provider for health care:	Missing / NA Yes No	32 2.5% 988 76.5% 271 21.0%
Q13	In the 6 months, how often did you get an appointment for health care as soon as you wanted:	Missing / NA Never Sometimes Usually Always	268 20.8% 37 2.9% 119 9.2% 314 24.3% 553 42.8%
Q14	In the last 6 months, how many times did you go to an emergency room to get care for yourself:	Missing / NA None 1 2 3 4 5 to 9 10 or more	21 1.6% 810 62.7% 232 18.0% 114 8.8% 64 5.0% 27 2.1% 16 1.2% 7 0.5%
Q15	In the last 6 months, how many times did you go to a doctor's office or clinic to get care for yourself:	Missing / NA None 1 2 3 4 5 to 9 10 or more	39 3.0% 190 14.7% 192 14.9% 264 20.4% 177 13.7% 134 10.4% 210 16.3% 85 6.6%
Q16	In the last 6 months, did you or a doctor believe you needed any care, tests, or treatments:	Missing / NA Yes No	204 15.8% 854 66.2% 232 18.0%
Q17	In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatments you or a doctor believed necessary:	Missing / NA A big problem A small problem Not a problem	413 32.0% 61 4.7% 116 9.0% 701 54.3%
Q18	In the last 6 months, did you need approval from MO HealthNet for any care, tests, or treatments:	Missing / NA Yes No	219 17.0% 223 17.3% 849 65.8%

Question Number	Question Text	Response Options	Frequencies	
			n	%
Your Healthcare in the Last 6 months				
Q19	In the last 6 months, how much of a problem were delays in healthcare while you waited for approval from MO HealthNet:	<i>Missing / NA</i> A big problem A small problem Not a problem	1002 42 70 177	77.6% 3.3% 5.4% 13.7%
Q20	In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment time:	<i>Missing / NA</i> Never Sometimes Usually Always	195 225 266 397 208	15.1% 17.4% 20.6% 30.8% 16.1%
Q21	In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect:	<i>Missing / NA</i> Never Sometimes Usually Always	197 12 52 176 854	15.3% 0.9% 4.0% 13.6% 66.2%
Q22	In the last 6 months, how often did doctors or other health providers listen carefully to you:	<i>Missing / NA</i> Never Sometimes Usually Always	194 17 102 241 737	15.0% 1.3% 7.9% 18.7% 57.1%
Q23	In the last 6 months, how often did doctors or other health providers explain things in a way you could understand:	<i>Missing / NA</i> Never Sometimes Usually Always	193 18 88 300 692	14.9% 1.4% 6.8% 23.2% 53.6%
Q24	In the last 6 months, how often did doctors or other health providers spend enough time with you:	<i>Missing / NA</i> Never Sometimes Usually Always	193 42 118 347 591	14.9% 3.3% 9.1% 26.9% 45.8%
Q25	Using any number from 0 to 10, where 0 is the worst possible health care and 10 is the best, what number would you use to rate all your health care in the last 6 months	<i>Missing / NA</i> 0 1 2 3 4 5 6 7 8 9 10	190 9 5 14 19 28 79 56 95 202 172 422	14.7% 0.7% 0.4% 1.1% 1.5% 2.2% 6.1% 4.3% 7.4% 15.6% 13.3% 32.7%

Question Number	Question Text	Response Options	Frequencies
			n %
Your Health Plan			
Q26	In the last 6 months, did you look for any information about how MO HealthNet works in written material or on the internet:	<i>Missing / NA</i> Yes No	59 4.6% 174 13.5% 1058 82.0%
Q27	In the last 6 months, how much of problem was it to find or understand the information:	<i>Missing / NA</i> A big problem A small problem Not a problem	1075 83.3% 42 3.3% 54 4.2% 120 9.3%
Q28	In the last 6 months, did you call MO HealthNet's participant services to get information or help:	<i>Missing / NA</i> Yes No	68 5.3% 250 19.4% 973 75.4%
Q29	In the last 6 months, how much of a problem was it to get the help you needed when you called participant services:	<i>Missing / NA</i> A big problem A small problem Not a problem	988 76.6% 43 3.3% 66 5.1% 194 15.0%
Q30	In the last 6 months, did you have to fill out any paperwork for MO HealthNet:	<i>Missing / NA</i> Yes No	55 4.3% 333 25.8% 903 69.9%
Q31	In the last 6 months, how much of a problem did you have with paperwork for MO HealthNet:	<i>Missing / NA</i> A big problem A small problem Not a problem	903 70.0% 25 1.9% 77 6.0% 286 22.2%
About You			
Q32	In general, how would you rate your overall health now:	<i>Missing / NA</i> Excellent Very good Good Fair Poor	18 1.4% 70 5.4% 154 11.9% 359 27.8% 473 36.6% 217 16.8%
Q33	What is your age now:	<i>Missing / NA</i> 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 or older	11 0.9% 60 4.6% 208 16.1% 157 12.2% 209 16.2% 184 14.3% 220 17.0% 242 18.7%
Q34	Are you male or female:	<i>Missing / NA</i> Male Female	13 1.0% 362 28.0% 916 71.0%

Question Number	<i>Question Text</i>	Response Options	Frequencies	
			n	%
About You				
Q35	What is the highest grade of school that you have completed:			
		Missing / NA	19	1.5%
		8 th grade or less	177	13.7%
		Some high school	304	23.5%
		High school graduate or GED	464	35.9%
		Some college or 2 yr degree	277	21.5%
		4 yr college degree	36	2.8%
		More than 4 yr degree	14	1.1%
Q36	Are you of Hispanic or Latino origin or descent:			
		Missing / NA	67	5.3%
		Yes	19	1.5%
		No	1205	93.3%
Q37	What is your race:			
		Missing / NA	20	1.6%
		White	1083	83.9%
		African American	154	11.9%
		Asian	11	0.9%
		Native Hawaiian/ Pacific Islander	2	0.2%
		American Indian / Alaskan Native	17	1.3%
		Other	4	0.3%
Q38	What language do you mainly speak at home:			
		Missing / NA	24	1.9%
		English	1246	96.5%
		Spanish	7	0.5%
		Other	14	1.1%
Q39	Did someone help you complete this survey:			
		Missing / NA	29	2.2%
		Yes	287	22.2%
		No	975	75.5%
Q40	How did that person help you:			
		Missing / NA	1004	77.8%
		Read question to me	43	3.3%
		Wrote down my answers	37	2.9%
		Answered questions for me	105	8.1%
		Translated	2	0.2%
		Other	100	7.9%
Geographic Region				
		Saint Louis Metro	160	12.4%
		Kansas City Metro	156	12.1%
		Northwest	185	14.3%
		Northeast	275	21.3%
		Central	236	18.3%
		Southwest	179	13.9%
		Southeast	100	7.7%
Program				
		Missing/NA	455	35.2%
		Blind/Disabled/ Elderly	626	48.5%
		Other	210	16.3%

MO HealthNet Provider Satisfaction

Question Number	Question Text	Response Options	Frequencies
			n %
Provider Relations Representatives			
Q1	Overall satisfaction with the representative reached by telephone:		39 9.8%
	Excellent	28	7.1%
	Very good	78	19.7%
	Good	130	32.8%
	Fair	76	19.2%
	Poor	45	11.4%
Q2	Ability to reach representative by phone:		36 9.1%
	Excellent	19	4.8%
	Very good	54	13.6%
	Good	91	23.0%
	Fair	100	25.3%
	Poor	96	24.2%
Q3	Accuracy of representatives' responses to your questions/concerns:	Missing/ NA	40 10.1%
	Excellent	30	7.6%
	Very good	74	18.7%
	Good	146	36.9%
	Fair	70	17.7%
	Poor	36	9.1%
Q4	Timeliness of representatives' responses to your questions/concerns:	Missing/ NA	40 10.1%
	Excellent	28	7.1%
	Very good	73	18.4%
	Good	143	36.1%
	Fair	68	17.2%
	Poor	44	11.1%
Communication and Information			
Q5	Overall quality of provider enrollment process:	Missing / NA	75 18.9%
	Excellent	21	5.3%
	Very good	76	19.2%
	Good	145	36.6%
	Fair	58	14.6%
	Poor	21	5.3%
Q6	Overall quality of communications from MO HealthNet:	Missing/ NA	23 5.8%
	Excellent	23	5.8%
	Very good	73	18.4%
	Good	161	40.7%
	Fair	78	19.7%
	Poor	38	9.6%
Q7	Overall quality of MO HealthNet's provider manual:	Missing/ NA	67 16.9%
	Excellent	18	4.5%
	Very good	56	14.1%
	Good	117	29.5%
	Fair	79	19.9%
	Poor	59	14.9%
Q8	Choice of specialists available:	Missing/ NA	93 23.5%
	Excellent	11	2.8%
	Very good	32	8.1%
	Good	103	26.0%
	Fair	80	20.2%
	Poor	77	19.4%

Question Number	Question Text	Response Options	Frequencies
			n %
Provider Relations Representatives			
Q9	Ease of obtaining pre-certifications/ referrals/ authorization information:	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	61 15.4% 8 2.0% 37 9.3% 139 35.1% 94 23.7% 57 14.4%
Q10	Timeliness of obtaining pre-certification/ referrals/ authorization information:	<i>Missing / NA</i> Excellent Very good Good Fair Poor	65 16.4% 8 2.0% 44 11.1% 134 33.8% 105 26.5% 40 10.1%
Coverage and Authorization Process			
Q11	Timeliness when Medical Director review/ approval needed:	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	133 33.6% 5 1.3% 23 5.8% 108 27.3% 95 24.0% 32 8.1%
Q12	Frequency of MO HealthNet members "keeping appointments":	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	22 5.6% 10 2.5% 41 10.4% 128 32.3% 120 30.3% 75 18.9%
Prescription Coverage and Authorization			
Q13	Providing an easy-to-use Preferred Drug List:	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	68 17.2% 8 2.0% 35 8.8% 136 34.3% 88 22.2% 61 15.4%
Q14	Variety of drugs on the Preferred Drug List:	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	68 17.2% 6 1.5% 32 8.1% 120 30.3% 102 25.8% 68 17.2%
Q15	Process for obtaining prior authorization:	<i>Missing / NA</i> Excellent Very good Good Fair Poor	69 17.4% 3 0.8% 43 10.9% 112 28.3% 102 25.8% 67 16.9%
Claims and Reimbursement			
Q16	Accuracy of claims processing:	<i>Missing/ NA</i> Excellent Very good Good Fair Poor	31 7.8% 22 5.6% 85 21.5% 153 38.6% 73 18.4% 32 8.1%

Question Number	Question Text	Response Options	Frequencies	
			n	%
Q17	Turnaround time for claims processing:	Missing/ NA Excellent Very good Good Fair Poor	31 23 85 137 89 31	7.8% 5.8% 21.5% 34.6% 22.5% 7.8%
Q18	Timeliness of processing resubmitted claims that were processed incorrectly:	Missing/ NA Excellent Very good Good Fair Poor	49 17 47 119 113 51	12.4% 4.3% 11.9% 30.1% 28.5% 12.9%
Q19	Timeliness of responding to appeals:	Missing/ NA Excellent Very good Good Fair Poor	91 4 33 104 107 57	23.0% 1.0% 8.3% 26.3% 27.0% 14.4%
Q20	Reimbursement rates for services you provide:	Missing / NA Excellent Very good Good Fair Poor	18 3 24 73 104 174	4.5% 0.8% 6.1% 18.4% 26.3% 43.9%
Web-based Tools				
Q21	Do you have Internet access at this office:	Missing/ NA Yes No	2 366 28	0.5% 92.4% 7.1%
Q22a	Do you currently use any of MO HealthNet Division's online tools to review the following:	Patient Panels	Missing/ NA Yes No	13 154 229
		Authorization for pre-certification and referrals	Missing/ NA Yes No	13 143 240
		Preferred Drug List	Missing/ NA Yes No	13 112 271
		Checking status of claim and Remittance Advice	Missing/ NA Yes No	14 227 155
Q22b	If available, would you use a web-based tool to review the following information:	Missing/ NA Yes No	11 342 43	2.8% 86.4% 10.9%
		Missing/ NA Yes No	13 326 57	3.3% 82.3% 14.4%

Question Number	Question Text	Response Options	Frequencies
			n %
Q22b	If available, would you use a web-based tool to review the following information:		
	Detailed information about pended claims	<i>Missing/ NA</i> Yes No	13 3.3% 330 83.3% 53 13.4%
	Detailed information about denied claims	<i>Missing/ NA</i> Yes No	13 3.3% 332 83.8% 51 12.9%
Q23	How would you rate MO HealthNet, overall, in meeting your needs:	<i>Missing</i> Excellent Very good Good Fair Poor Not sure	11 2.8% 9 2.3% 65 16.4% 145 36.6% 108 27.3% 49 12.4% 9 2.3%
Q24	What is your position in your practice:	<i>Missing</i> Physician Nursing Staff Office Support Staff Other	1 0.3% 84 21.2% 25 6.3% 264 66.7% 22 5.6%
Q25	Is your area of practice:	<i>Missing</i> Primary Care Specialty Care Primary and Specialty Care Other	4 1.0% 159 40.2% 218 55.1% 10 2.5% 5 1.3%
Q26	Number of physicians in your practice:	<i>Missing</i> 1 2-5 6-10 11-25 Over 25 Not sure	1 0.3% 270 68.2% 95 24.0% 16 4.0% 6 1.5% 6 1.5% 2 0.5%
Q27	Approximately how many years have you been providing care to MO HealthNet patients:	<i>Missing / NA</i> Under 5 years 5-15 years 16 years or more Not sure	3 0.8% 38 9.6% 114 28.8% 218 55.1% 23 5.8%
Q28	What proportion of your patients are covered by MO HealthNet:	<i>Missing</i> Under 10% 11-25% 26-50% 51-75% 76-90% 91-100% Not sure	5 1.3% 102 25.8% 119 30.1% 92 23.2% 33 8.3% 19 4.8% 1 0.3% 25 6.3%
Q29	Is your practice open to enrolling additional MO HealthNet patients:	<i>Missing</i> Yes No Not sure	4 1.0% 273 68.9% 95 24.0% 24 6.1%
	Geographic Region:	<i>Missing</i> St. Louis Metro Kansas City Metro Northwest Northeast Central Southwest Southeast	0 0.0% 169 42.7% 55 13.9% 9 2.3% 10 2.5% 28 7.1% 66 16.7% 59 14.9%

Appendix F: Participant and Provider Survey Instruments

Telephone Script / Interview

**Missouri HealthNet
Participant Satisfaction Survey**

**Based on
CAHPS® Health Plan Survey 3.0**

**Adult Medicaid
Fee-for-Service Questionnaire**

Hello. May I speak with Mr./Ms. _____.

My name is [name of SLUCOR / SPH staff making the call] _____.

I am calling from St. Louis University on behalf of Missouri HealthNet to ask you a few questions about your satisfaction with the Missouri HealthNet program. This information will be used by Missouri HealthNet to see how they are doing and how they can improve. As a participant in this plan, your information is very important.

It should only take 10 minutes to complete this survey and we will provide you a \$15 gift card for your time. We will also enter your name in a drawing for the chance to win a \$200 gift card.

Do you have time now to talk for a few minutes?

If answer is no:

Is there a better time to talk? [Schedule a time at the participant's convenience].

If not interested:

That's no problem at all. Thank you for your time. Have a great day.

If answer is yes: Thanks. We really appreciate your time. It should only take about 10 minutes. Continue with interview

Before we begin, let me remind you that this interview is completely voluntary and confidential. If we come to any question you do not want to answer, just let me know and we will go on to the next question. The answers that you give will be confidential to the maximum extent allowable under federal and state law.

1. We understand that you have been a part of MO HealthNet (formerly Missouri Medicaid.- Is that correct?"")

¹ Yes

² No

2. How many months or years in a row have you been a MO HealthNet (formerly Missouri Medicaid) participant?

¹ Less than 6 months

² At least 6 months but less than
1 year

³ At least 1 year but less than 2 years

⁴ At least 2 years but less than 5 years

⁵ 5 or more years

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. A health care home is the health provider who knows you best and is the first place you go for health care. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

¹ Yes

² No

4. Since you became a MO HealthNet (formerly Missouri Medicaid) participant, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

¹ A big problem

² A small problem

³ Not a problem

GETTING HEALTH CARE FROM A SPECIALIST

**When you answer the next questions,
do not include dental visits.**

5. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think you needed to see a specialist?

¹ Yes

² No → If No, Go to

Question 7

6. In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?

¹ A big problem

² A small problem

³ Not a problem

7. In the last 6 months, did you see a specialist?

¹ Yes

² No

YOUR HEALTH CARE IN THE LAST 6 MONTHS

8. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

Yes

² No → If No, Go to Question 10

9. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

Never

² Sometimes

³□ Usually

⁴ □ Always

10. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

1 Yes

² □ No → If No, Go to

Question 12

11. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

1 □ Never

² Sometimes

³□ Usually

⁴ Always

12. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

1 Yes

2 No → If No, Go to Question 14

13. In the last 6 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

14. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- None
- ¹ 1
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5 to 9
- ⁶ 10 or more

15. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ⁰ None → If None, Go to
- ¹ 1
 - ² 2
 - ³ 3
 - ⁴ 4
 - ⁵ 5 to 9
 - ⁶ 10 or more

Question 26

16. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatments?

- ¹ Yes
- ² No → If No, Go to Question 18

17. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatments you or a doctor believed necessary?

- ¹ A big problem
- ² A small problem
- ³ Not a problem

18. In the last 6 months, did you need approval from MO HealthNet (formerly Missouri Medicaid) for any care, tests, or treatments?

¹ Yes

² No → If No, Go to Question 20

19. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from MO HealthNet (formerly Missouri Medicaid)?

¹ A big problem

² A small problem

³ Not a problem

20. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?

¹ Never

² Sometimes

³ Usually

⁴ Always

21. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

22. In the last 6 months, how often did doctors or other health providers listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

23. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

24. In the last 6 months, how often did doctors or other health providers spend enough time with you?

¹ Never

² Sometimes

³ Usually

⁴ Always

25. Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

⁰ 0 Worst health care possible

¹ 1

² 2

³ 3

⁴ 4

⁵ 5

⁶ 6

⁷ 7

⁸ 8

⁹ 9

¹⁰ 10 Best health care possible

YOUR HEALTH PLAN

The next questions ask about your experience with MO HealthNet (formerly Missouri Medicaid)

26. In the last 6 months, did you look for any information about how MO HealthNet (formerly Missouri Medicaid) works in written material or on the Internet?

¹ Yes

² No ➔ If No, Go to
Question 28

27. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

¹ A big problem

² A small problem

³ Not a problem

- 28. In the last 6 months, did you call MO HealthNet's (formerly Missouri Medicaid) participant services to get information or help?**
- ¹ Yes
² No → If No, Go to Question 30
- 29. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called MO HealthNet's (formerly Missouri Medicaid's) participant services?**
- ¹ A big problem
² A small problem
³ Not a problem
- 30. In the last 6 months, did you have to fill out any paperwork for MO HealthNet (formerly Missouri Medicaid)?**
- ¹ Yes
² No → If No, Go to Question 32
- 31. In the last 6 months, how much of a problem, if any, did you have with paperwork for MO HealthNet (formerly Missouri Medicaid)?**
- ¹ A big problem
² A small problem
³ Not a problem
-
- ABOUT YOU**
- 32. In general, how would you rate your overall health now?**
- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor
- 33. What is your age now?**
- ¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

34. Are you male or female?

- ¹ Male
- ² Female

35. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

36. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
- ² No, not Hispanic or Latino

37. What is your race? Please mark one or more.

- ¹ White
- ² Black or African-American
- ³ Asian
- ⁴ Native Hawaiian or other Pacific Islander
- ⁵ American Indian or Alaska Native
- ⁶ Other

38. What language do you mainly speak at home?

- ¹ English
 - ² Spanish
 - ³ Some other language
(Please print)
-

39. Did someone help you complete this survey?

- ¹ Yes ➔ If Yes, Go to **Question 40**
- ² No ➔ Thank you. End of survey

40. How did that person help you? Check all that apply.

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way

(Please print)

THANK YOU FOR YOUR PARTICIPATION

Provider Survey



Missouri HealthNet Physician Satisfaction Study

Conducted by the Saint Louis University
Center for Outcomes Research (SLUCOR) and School of Public Health

Dear Physician:

Saint Louis University, in partnership with the University of Missouri – Columbia and MO HealthNet (formerly Missouri Medicaid), are surveying participating physicians in MO HealthNet to better understand the level of satisfaction with the new program. Your responses will help provide critical improvement information to the Missouri Legislature and allow for the improvement of MO HealthNet. We understand that your time is valuable and sincerely appreciate you taking the time to review and complete this survey. We anticipate that it will take approximately 10 minutes to complete. To help ensure that your responses remain anonymous, we ask that you do not write your name on any part of this survey. Please send the survey back to us in the self-addressed, stamped envelope. *Thank you.*

Please rate your level of satisfaction with each of the following:

	Very <u>Excellent</u>	Good (2)	Good (3)	Fair (4)	Poor
<u>Provider Relations Representatives (representatives)</u> (5)	(1)	(2)	(3)	(4)	(5)
1. Overall satisfaction with the representative reached by telephone	<input type="checkbox"/>				
2. Ability to reach representative by phone	<input type="checkbox"/>				
3. Accuracy of representatives' responses to your questions/concerns	<input type="checkbox"/>				
4. Timeliness of representatives' responses to your questions/concerns	<input type="checkbox"/>				
 <u>Communication and Information</u>					
5. Overall quality of provider enrollment process	<input type="checkbox"/>				
6. Overall quality of communications from MO HealthNet	<input type="checkbox"/>				
7. Overall quality of MO HealthNet's provider manual	<input type="checkbox"/>				
 <u>Coverage and Authorization Process (these questions do NOT refer to prescription coverage or authorization)</u>					
8. Choice of specialists available	<input type="checkbox"/>				
9. Ease of obtaining pre-certifications/referrals/authorization information	<input type="checkbox"/>				
10. Timeliness of obtaining pre-certification/referrals/authorization information	<input type="checkbox"/>				
11. Timeliness when Medical Director review/approval needed	<input type="checkbox"/>				
12. Frequency of MO HealthNet members "keeping appointments"	<input type="checkbox"/>				
 <u>Prescription Coverage and Authorization</u>					
13. Providing an easy-to-use Preferred Drug List	<input type="checkbox"/>				
14. Variety of drugs on the Preferred Drug List	<input type="checkbox"/>				
15. Process for obtaining prior authorization	<input type="checkbox"/>				
 <u>Claims and Reimbursement</u>					
16. Accuracy of claims processing	<input type="checkbox"/>				

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. Turnaround time for claims processing | <input type="checkbox"/> |
| 18. Timeliness of processing resubmitted claims that were processed incorrectly | <input type="checkbox"/> |
| 19. Timeliness of responding to appeals | <input type="checkbox"/> |
| 20. Reimbursement rates for services you provide | <input type="checkbox"/> |

MO HealthNet is evaluating the information it makes available to providers through its web site and other web-based tools to better assist you in day-to-day management. Your feedback is extremely important.

21. Do you have Internet access at this office? Yes No

22. The MO HealthNet Division currently offers its providers access to several web-based tools to assist with day-to-day patient and practice management. CyberAccessSM allows providers to build a patient panel, and to make prior authorization and pre-certification requests electronically. CareConnection allows providers who care for chronically ill patients to view their patient panel. The Division's web site provides access to the preferred drug list, as well as a link to emomed.com, through which providers can check the status of a claim.

a. Do you **currently** use any of the MO HealthNet Division's online tools to review the following?

- | | | |
|--|------------------------------|-----------------------------|
| Patient Panel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Authorization for pre-certification and referrals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preferred Drug List | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Checking the status of a claim and the Remittance Advice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b. **If available**, would you use a web-based tool to review the following information?

- | | | |
|--|------------------------------|-----------------------------|
| Participant Eligibility verification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Detailed explanation of payment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Detailed information about pended claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Detailed information about denied claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

23. How would you rate MO HealthNet, overall, in meeting your needs? Would you say ...

- Excellent Very Good Good Fair Poor Not sure

24. What is your position in your practice:

- | | |
|----------------------|--------------------------|
| Physician | <input type="checkbox"/> |
| Nursing Staff | <input type="checkbox"/> |
| Office Support Staff | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

25. Is your area of practice . . . Primary Care Specialty Care Other
Not sure

26. Number of physicians in your practice:
 One (Solo) 2 - 5 6 - 10 11 - 25 Over 25 Not sure

27. Approximately how many years have you been providing care to MO HealthNet (formerly Missouri Medicaid) patients?

- Under 5 years 5 - 15 years 16 years or more Not sure

28. What proportion of your patients are covered by MO HealthNet (formerly Missouri Medicaid)?

Under 10% 11%-25% 26%-50% 51%-75% 76%-90% 91%-100% Not sure

29. Is your practice currently open to enrolling additional MO HealthNet (formerly Missouri Medicaid) patients?

Yes No Not sure

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY _____

IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

Please call 314.977.3333 if you have questions or need additional information. Thank you!